Alabama Department of Public Health

1990 Annual Report

Standing, from left: James E. West, M.D., Anniston; Claude Earl Fox, M.D., M.P.H., Secretary, Montgomery. *Seated, from left:* Richard H. Esham, M.D., Vice Chairman, Mobile; W. Earle Riley, M.D., Chairman, Fairfield.

Standing, from left: Jon E. Sanford, M.D., Fayette; Peter W. Morris, M.D., Birmingham. *Seated, from left:* Robert T. Story, M.D., Tuskegee; William C. Waller, M.D., Montgomery.

Standing, from left: Patrick B. Jones, Jr., M.D., Dothan; Ellann McCrory, M.D., Fort Payne; William M. Lightfoot, M.D., Mobile. *Seated, from left:* Garland C. Hall, Jr., M.D., Moulton; Ernest C. Brock, Jr., M.D., Tuscaloosa.

Standing, from left: James Scruggs, Marion, Council on Health Costs, Administration, and Organization; Naseeb L. Shory, D.D.S., Lillian, Council on Dental Health. *Seated, from left:* Billie R. Rozell, R.N., D.S.N., Midfield, Council on Prevention of Disease and Medical Care; Walter W. Williams, D.V.M., Huntsville, Council on Animal and Environmental Health.

A Message from the State Health Officer

As I approach my sixth year as State Health Officer, I am pleased to report that Alabama is recognized as a state and national leader in developing prevention programs to cut the direct and indirect costs of poor health and to boost our productivity and economy.

Thanks to the support of the State Committee of Public Health, department staff, members of the Alabama Legislature, and other agency leaders and health care professionals, 1990 was a year that bore the fruit of numerous initiatives and saw the beginning of still others in areas vital to the health of Alabama's people and economy. These accomplishments included:

- Achieving unprecedented across-the-board increases in services provided through aggressive resource management and development. Much of this success has been due to the cooperation of the Alabama Medicaid Agency.
- Expanding to one of the largest public health hypertension programs in the country to combat heart disease, the number one cause of death from disease in the U.S. and Alabama.
- Serving as a national leader in updating childhood immunization schedules to prevent needless suffering of children and the direct and indirect costs associated with childhood diseases.
- Expanding to one of the largest home health programs operated by a private or public agency in the country to provide quality, affordable care for older citizens and those with long-term illnesses and disabilities.
- Creating a national model of AIDS legislation to prevent the spread of HIV while protecting the rights of the individual. The department has also developed one of the largest AIDS surveillance data bases in the country to provide the most cost-effective targeting of AIDS resources possible.
- Being among the first health departments to utilize social marketing programs to help break down tough socioeconomic and psychological barriers to healthy behaviors.
- Creating the Center for Rural Health Development as recommended by the Rural Health Task Force, which was appointed by the Alabama Legislature.
- Establishing an Office of Minority Health to address the special needs of populations at high risk for preventable premature disability and death.
- Creating a coalition representing providers of emergency care statewide to support legislation for increased delivery of emergency medical services.
- Achieving exemplary success with the first state health department occupational health project in the U.S.
- Developing a model onsite sewage educational program to prevent malfunctioning septic tanks, one of the leading causes of groundwater pollution.
- Achieving passage of landmark legislation to provide funding for modernization of health department facilities.
- Continuing national leadership in developing cost-effective laboratory procedures and conducting research programs of national significance.

Alabamians can be justifiably proud of these and the many other achievements of their State Health Department during 1990. Based on the public health philosophy of prevention, our activities serve as catalysts for genuine long-term, cost-effective changes that will improve the quality of life for all and impact significantly on our state's business and education environments. This is my vision of success for the Alabama Department of Public Health, and I invite all state leaders and citizens to join me in putting wellness to work for Alabama.

Claude Earl Fox, M.D., M.P.H.
State Health Officer

ORGANIZATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH

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- County Health Department Audit

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- Policy Analysis
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Deputy Director
Joe Greene
Deputy Director for AIDS Activities
Glenn Collins

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- Hypertension
- Immunization
- Tuberculosis
- Zoonotic Diseases

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- Enviromental/Chronic Diseases
- Perinatal

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- Geriatric Services
- Home Health

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- AIDS

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Division of Planning and Program Development
Joan Salter, M.P.A.
Center for Rural Health

Division of Community Environmental Protection
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- Onsite Sewage
- Program Compliance
- Solid Waste and Vector Control

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- Training & Continuing Education

Staff Assistant
for Quality Assurance
Michael G. Cash, P.E., M.E.

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- Milk
- Seafood
- Lodging

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O'Neal Green
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- Research & Development
- Quality Control
- Licensing & Certification

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- Pediatric
  Lloyd Hofer, M.D.
- Social Work
  Kathy Vincent
- Perinatal Epidemiology
  Anita Cowden, Dr. P.H.

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Aubrey V. Godwin, M.S., C.H.P.
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- Radioactive Material Compliance
- Radioactive Material Licensing
- X-Ray Compliance

Public Health Areas
Assistant State Health Officers

County Health Departments

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Doris Barnette, A.C.S.W.
Deputy Director
Larry Gulley, B.S.

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Eugene J. Dickey, B.S.
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- General Services
- Sterilization
- Cancer Detection
- Data Support Unit

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Branches
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- Adolescent

Division of Dental Health
A. Conan Davis, D.M.D.
Branches
- Clinical Services
- Promotion & Education

Division of Special Services for Children
Lloyd Hofer, M.D.
Branches
- OAPP
- Newborn Screening
- Day Care

Coordinators
- Planning & Evaluation
  Fern Shinbaum, M.S.
- Quality Assurance
  John Newman, B.A.
- Special Projects
  Sherry George

Division of Maternity and Infant Care
Saundra Wheeler, M.S.N.
Branches
- Prenatal
- Perinatal/Infant
- Information/Referral

Division of Primary Care/Minority Health Services
J. Stokes Holloway, M.D.
Branches
- Primary Care
- Minority Health

Division of WIC
James Richard, B.S.
Branches
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- Financial Management
- Nutrition Management
- Nutrition Education
- Support Services
- Vendor Management

Center for Health Statistics Office Of Vital Records
Dorothy S. Harshbarger, M.S.

- **Division of Administration**
- **Division of Statistical Analysis** *Dale Quinney*
- **Division of Vital Records** Director *Vacant*
- **Registration Branch** *Ray Graham*
- **Record Services Branch** *Jean Huckabee*
- **Field Program**

Effective March 15, 1991

State Health Officer

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BUREAU OF FAMILY HEALTH SERVICES

Division of Maternal and Infant Care

"Through a variety of initiatives to develop universal access to family health services, we have achieved the first objectives in our plan to improve the health of Alabama's mothers and children.

But while providing medical care is unquestionably essential, it is too little too late to save babies born to mothers who use drugs or who are little more than children themselves.

To build bridges over these and other sociological gaps that exist between some of our citizens and a healthy life, we must aggressively market the public health principles of prevention and individual responsibility so that we build values as well as clinics, increase self-esteem and self-determination as well as personnel and insurance coverage."

Claude Earl Fox, M.D., M.P.H.
State Health Officer

Excellent progress made toward improving access to maternal and infant services

Complex social factors require a cooperative, multifaceted approach to ensuring healthy mothers and children

The beginning of the new decade marked both a time for claiming success in the expansion of maternal and child health resources and facing the more complex challenge of planning strategies to change behaviors that are major barriers to the reduction of Alabama's infant mortality rate.

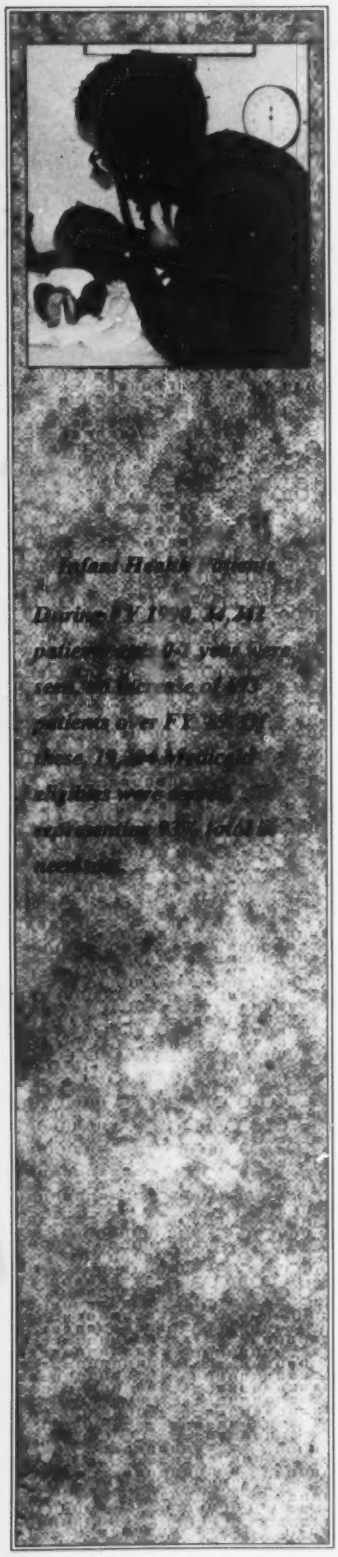
During 1990 the Division of Maternal and Infant Care's activities to further expand services and to address maternal health behaviors included the following accomplishments:

- Participating in the Teen Pregnancy Perinatal Substance Abuse Conference, a statewide meeting held in conjunction with the Governor's Conference on Drug Awareness to identify the health, social, and financial issues involved in these areas. An intergency strategic planning committee was slated to begin addressing the issue of maternal substance abuse in January 1991.
- Participating in the Governor's Task Force on Infant Mortality Subcommittee on Teen Pregnancy. The subcommittee developed recommendations to decrease teen pregnancy in Alabama and submitted them to the task force for approval and submission to the governor.
- Expanding Storkline, the department's toll-free pregnancy information and referral line, to include treatment resources for pregnant substance-using women and information on local pediatric providers and transportation systems. A total of 675 calls were received by the toll-free information line in FY 1990.
- Initiating social marketing research based on interviews with health department patients and non-patients exploring the effect of perception as a deterrent to compliance. Suggestions from this report are being utilized to design a statewide marketing strategy to increase early entry and retention of participants in prenatal care.
- Writing the Nurse Practitioner Protocol Manual for Maternity and Reproductive Health with the Division of Family Planning. Prepared for use beginning January 1991, these are the first standardized orders directing the activities of nurse practitioners to be written.
- Initiating an Infant Home Visiting Program to provide EPSDT screening services in the home for infants 0-4 months of age. The goals of this project are to provide an outreach mechanism for those infants who otherwise would be lost to the health care system and to decrease the numbers of preventable post-neonatal deaths.
- Taking responsibility for the SIDS (Sudden Infant Death Syndrome) program. Through this statewide program, all parents of SIDS victims will be visited by a local social worker and offered grief counseling and an opportunity to join a SIDS support group.
- Continuing Perinatal Program initiatives begun in FY 1989. These included the match agreement between the Alabama Medicaid Agency and the health department that increases earmarked funds to improve maternal and child health in Alabama.
- Collaborating with the Planning and Evaluation Coordinator's office and the Division of Toddlers, Children, and Adolescents on the submission of the MCH Block Grant FY 1989 Annual Report and Application for 1991 which included a five-year needs assessment.

"Infant mortality is not a health problem. Infant mortality is a social problem with health consequences."
–Marsden Wagner, M.D.
Pediatrician,
World Health Organization

Working with Richard K. Manoff, an internationally recognized leader in social marketing, the department initiated social marketing research to develop strategies to increase early entry and retention of patients in prenatal care.

Focus groups held with several pregnant clients between the ages of 15 and 30 confirmed a tremendous need for marketing and educational programs to replace dangerous "old wives' tales" with facts and to impart belief in the individual's ability and responsibility to control her health and her life.



Medicaid/Public Health teamwork scores success

Concerted efforts by Alabama Department of Public Health and Alabama Medicaid Agency officials resulted in improved access to health services for Alabama's mothers and children in 1990. During this time Medicaid eligibility was expanded to 133% of poverty for pregnant women and children up to age six; OB delivery-only fees for Medicaid-eligible recipients were increased to $700; case management for pregnant women and infants in 20 counties was implemented through the freedom of choice waiver program; and targeted case management for non-waivered counties was implemented in 23 counties and approved for statewide implementation. Several other efforts were also made to increase services and to publicize the expansion in programs.

The success of the agencies' work to increase access to and use of prenatal services was considered a factor in 1989 state figures showing the highest total of live births on record (62,530) since 1980 for both blacks and whites and the second highest since 1971.

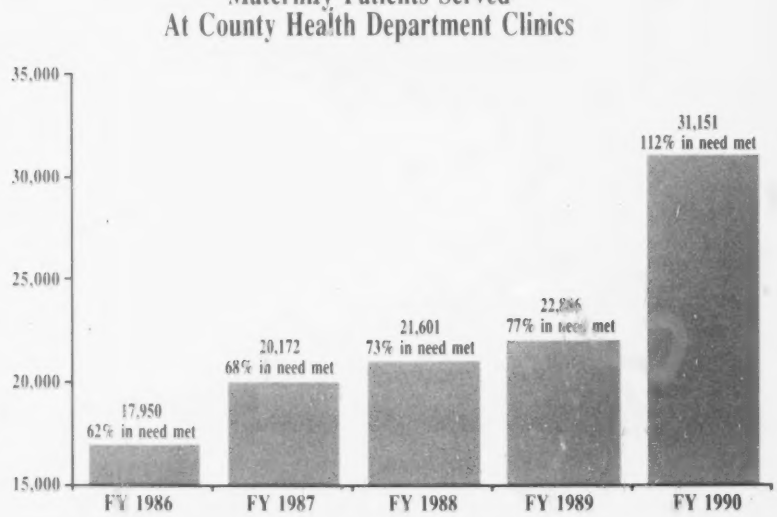
State Medicaid Commissioner Carol A. Herrmann commented on the 1989 statistics, "Compared to other parts of the state, the death rate for babies in the first 28 days of life was significantly lower in areas served by Medicaid's program of case-managed care."

While the infant mortality rate for 1989 remained steady at 12.1 deaths per 1,000 live births, the large increase of births to teenage mothers is considered a major factor in the unchanged rate.

At the close of 1990, plans were underway to link health department vital records with Medicaid files to capture data elements needed by both agencies to further refine and develop program activities.

Steady increase in prenatal care patients continues

The health department served 49.8% of maternity patients in the state in 1990.



During FY 1990 health department maternity clinics achieved a 36% increase in prenatal care patients over FY 1989, bringing the state to 112% of the maternity in-need target. The department recorded 152,239 patient visits, with 6.3 the average number of visits per patient.

Maternal drug use and high teenage birth rate pose significant challenge

Percentages of Positive Screens for Illegal Drug Use
Among Family Planning and Maternity Patients By Demographic Characteristics
Alabama Department of Public Health, 1989

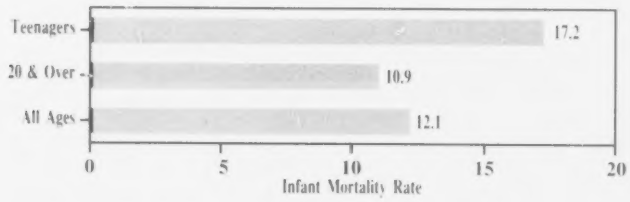
Demographic Characteristics	# Screened	Illegal Drug Use: Any Drug	Marijuana	Cocaine
Race				
White	2,393	17.3	15.8	0.9
Black	2,553	8.8	7.1	1.9
Age				
19 or younger	1,727	8.0	6.9	0.3
20 or older	3,240	15.3	13.4	1.9
Marital Status				
Married	1,753	13.7	12.2	0.7
Single	3,180	12.2	10.6	1.8
Number Children				
0	1,870	10.5	8.7	1.2
1-3	2,373	14.2	12.4	1.6
4+	765	15.3	14.0	1.2
Area				
Urban	3,600	12.8	11.2	1.5
Rural	1,410	13.1	11.5	1.1
Trimester				
1st (0-13 weeks)	378	15.6	14.8	0.8
2nd (14-27 weeks)	927	11.8	10.3	1.6
3rd (28-40 weeks)	1,314	9.7	7.8	0.8
over 40 weeks	52	1.9	1.9	0.0
Total	5,010	12.9	11.3	1.4

Note: Numbers and percentages within each section may not add up due to unknowns which were not stated.

The tragic outlook for babies born to teenagers

Alabama has one of the highest percentages of births to teens in the nation. In 1989, Alabama teenagers bore 11,405 babies. Teenagers accounted for 18.2% of all births to Alabama residents and 32.3% of all first births. Nationally, teenagers accounted for 12.5% of all births and 23.5% of all first births during 1988.

Infants born to teen mothers are more likely to die during their first year of life as indicated by the statewide data for 1989 below:



NOTE: Rate is per 1,000 live births.

Not one out of 1,000, not one out of a 100, but approximately one out of every eight women of childbearing age seeking care in Alabama health department prenatal care and family planning clinics showed use of illegal drugs, according to an anonymous study reported in spring 1990 by the department and conducted in conjunction with the Alabama Medicaid Agency, the Alabama Department of Mental Health and Mental Retardation, and the University of Alabama at Birmingham Obstetric Complications Clinic.

As indicated in the chart to the left, the study showed that approximately 13% of the 5,010 women screened were positive for illegal drug use at their clinic visit. Further, study results gave additional evidence that in Alabama, as in the rest of the country, drug use is a problem among both blacks and whites, and in rural as well as urban areas.

Division of Toddlers, Children, and Adolescents

Child Health Patients

In FY 1990, 104,517 unduplicated patients were seen and 407,400 patient visits recorded. Of these, 51,089 were unduplicated Medicaid EPSDT (Early Periodic Screening, Diagnosis, and Treatment) patients, representing approximately 42% of Medicaid eligibles served in county health departments.

Division of Special Services for Children

Teaching essential lessons for healthy lives and communities

As anyone who has ever had or worked with children knows, every age brings profound changes that can overwhelm both the adult caretaker and the child. Being prepared for these times and having somewhere to turn for help can make all the difference for families trying to cope with either day-to-day difficulties or devastating crises.

The Division of Toddlers, Children, and Adolescents was created in 1990 to develop comprehensive community-based health care systems with programs that include promoting the development of health and life skills at the earliest possible age, teaching parenting skills, and assisting children with special health needs.

The division activated its new role by:

- Implementing an adolescent health program to encompass availability and accessibility of physical assessments, sports physicals, and health education in child and adolescent health in the following areas:
  - Self-esteem
  - Abuse/neglect
  - Accident prevention
  - Homelessness
  - Substance abuse
  - Sexually transmitted diseases
  - Teen pregnancy
  - Date rape
  - Gang violence
  - Suicide
- Revising Child Health Protocol Manual to include Adolescent Health Section.
- Training new staff for Respect Yourself, a program that approaches teenage pregnancy prevention through the promotion of abstinence and resistance to negative peer pressure.
- Assisting in revitalization of the Alabama Council on Adolescent Pregnancy.
- Participating in Child Find as part of Public Law 99-457. Child Find is a multiagency comprehensive process implemented in FY 1990 to provide a statewide child identification system that will include the location, identification, and evaluation of infants, toddlers, and their families. The program will also include the special needs population from ages 3-21. Once identified, these children can be reported by calling 1-800-543-3098.
- Establishing health education contacts at area and local health departments for dissemination of materials and development of a network of people responsible for that dissemination.
- Participating in the State Department of Education's Legislative Task Force which concerns itself with programs and services for children and adults with disabilities.
- Working on Medicaid reimbursement for health education activities including parenting and childbirth education, teen pregnancy prevention, and outreach recruitment for Medicaid eligibles.

New division tackles a diversity of projects

The department created the Division of Special Services for Children in 1990 to initiate special projects to advance the goals of maternal and child health including reducing infant mortality and promoting the health and safety of families.

The division includes three major areas: the Day Care Health and Safety Curriculum Project, the Office of Adolescent Pregnancy Program (OAPP), and the Newborn Screening Program.

Respect Yourself Project earns widespread popularity

The Respect Yourself Project is a program designed to teach young people responsible decision-making skills and to promote sexual abstinence. Target populations include 10-to 13-year-old students, their parents, and project instructors. Activities during the year included:

- Trained over 100 instructors in the program and recorded over 6,500 students participating in 10 counties during school year 1989-90.
- Impacted on a large spectrum of Alabama citizens during the year by the Respect Yourself Project via state and local news briefs, articles, public service announcements, posters, and t-shirts designed to address the determinants of premarital sexual behavior and promote abstinence of this behavior.
- Received continuation grant from OAPP to expand the Respect Yourself Program.

Day Care Curriculum Project sites chosen

The goal of the Day Care Health and Safety Curriculum Project is to develop and implement a comprehensive health and safety curriculum in child day care settings to improve the health status of children. Activities in 1990 included:

- Surveyed 66 central Alabama licensed day care centers in February to determine the selection of pilot centers for the project. Eight pilot centers were selected. Dental, growth and development, and physical examination screenings will be performed on the children in the pilot centers every six months to provide data on the need for the Health and Safety Curriculum and for program planning.
- Held the project's first Child Care Workers' Workshop and distributed parents' posters promoting the project to the pilot centers in the fall. The children's curriculum was scheduled to begin in January 1991.

Disease warning program continues to help parents

Through Alabama's newborn screening program, parents are given early warning of potentially fatal diseases and provided with the opportunity to give their baby treatment that can help prevent disability and death. Unless parents have religious objections, the mandated screening program requires every baby born in Alabama to be tested for phenylketonuria (PKU), hypothyroidism, and hemoglobinopathies (abnormal hemoglobin, the most common of which is sickle cell disease).

During 1990 the program screened approximately 60,000 infants, identifying about 60 children with disease and 1,600 traits.

Educational materials developed by the program included an emergency quick reference wheel chart for the parents of children with sickle cell disease.

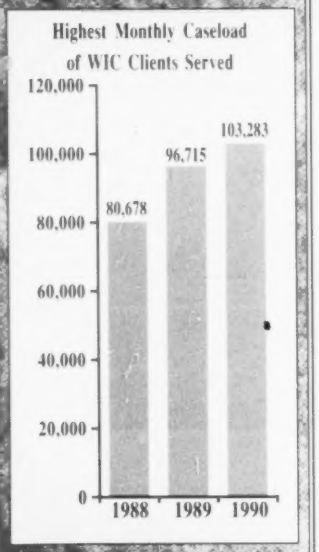
Video Cover

The Respect Yourself Program met with such popular response from parents, teachers, and students during school year 1989-90 that participation was more than doubled for 1990-91, with expansion planned from 6,500 students and 100 instructors in 10 counties to 18,000 students and 250 instructors in 25 counties.

Division of WIC

In 1990 WIC marked its 10th birthday with a record caseload of over 100,000 clients, which means more Alabama children will live to celebrate not only their first birthdays but also healthier, more productive lives.

The total percent of WIC clients served has increased from [illegible]% in October 1989 to [illegible]% in September 1990. An average of [illegible]% of the WIC participants in 1990 were pregnant, breastfeeding, or postpartum women, [illegible]% increase over 1989; [illegible]% were infants in 6% increase; and [illegible]% were children ages 1 to 5 in 6% increase.



WIC achieves record participation

As a result of continued aggressive outreach and rebate policies, the Alabama WIC Program reached 103,283 participants, the highest number ever served in a single month by WIC, which provides nutrition education and nutritious food to women, infants, and children.

Outreach activities included having information booths at four conventions including the Alabama Education Association (AEA) and League of Municipalities conventions; appearing on 10 television talk shows throughout the state; and giving presentations to organizations.

Supporting approximately 30% of the participants was Alabama's $13.5 million infant formula rebate, an innovative price reduction program negotiated by the Alabama Department of Public Health in 1988.

Other WIC Division activities in 1990 included:

Establishing six new clinic sites by contracts with community health centers, primarily in remote, rural areas.

Beginning major breastfeeding promotion initiative. Lactation management consultants were hired in Jefferson and Mobile counties, and staff training was initiated to support this project.

Accomplishing intensive interagency program outreach coordination with the Mastery of Motherhood Program of the Alabama Cooperative Extension Service, Alabama Department of Economic and Community Affairs (ADECA), Medicaid, the food stamp program, and Aid to Families with Dependent Children (AFDC). The coordination of these outreach channels has significantly increased the dissemination of program information for all agencies involved.

Developing methods to serve the homeless. This effort required much coordination between the WIC staff and ADECA personnel. Special food items such as UHT (ultra-high temperature) milk were approved to be issued to homeless participants when needed.

Beginning coordination and implementation of WIC services for incarcerated pregnant women. Women from Tutwiler Prison as well as from county jails were enrolled in the program.

Conducting compliance buys at 85 stores during the year. Nine grocery stores were disqualified from the WIC Program because of violation of program rules.

WIC's breastfeeding promotion activities were initiated by a large advertising campaign to increase community awareness of the benefits of this form of infant nutrition. Sixty billboards were printed and located throughout the state. Newspaper space was purchased statewide for a breastfeeding promotion ad. Breastfeeding commercials distributed to major Alabama television stations were run a total of 180 times during the month of September 1990.

Family Planning clinics introduce patients to wide array of health/social services

Family Planning services in Alabama county health departments provide a comprehensive range of preventive health services in addition to contraception and pregnancy prevention. These services include screening for sexually transmitted diseases, treatment of simple gynecological infections, breast and cervical cancer screening, pregnancy testing, assessment of medical and social risks for adverse birth outcome, health education, counseling, and appropriate referrals for medical and social problems.

This comprehensive program is essential to low-income women, who are the family planning clinics' major group of clients. These women usually have no health insurance or other means of obtaining services elsewhere.

Family Planning activities during FY 1990 included:

- Serving 101,436 unduplicated family planning patients, a 14.9% increase over FY 1989. Clinics recorded oral contraceptives as the method of choice for over 70% of all family planning clients. The second highest method utilized (23.5%) was foam condoms. Over 49% of all new patients had never used a method of birth control prior to enrollment in the Family Planning Program.
- Providing care during 176,738 family planning clinic visits.
- Screening 87,325 unduplicated patients for breast and cervical cancer.
- Screening over 77,000 women for sexually transmitted diseases and hypertension.
- Screening 4,295 women for sickle cell disease.
- Providing training to 364 health department personnel through the Title X Family Planning General Training Program; providing training to two nurse practitioners through the Title X Nurse Practitioner Training Program at Emory University.

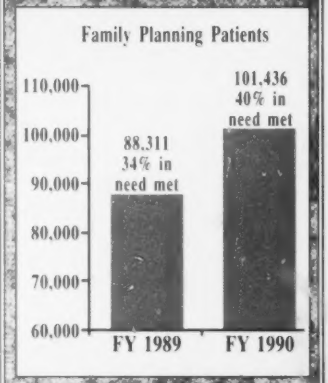
Baseline dental data program implemented

For several years the Dental Health Division has been aware of a need to establish baseline data for dental disease prevalence in Alabama. Therefore, a dental examination survey was incorporated into the Oral Health Operations Plan to establish benchmarks for oral health indices. Once this data has been collected and analyzed it will be used to target resources for specific preventive and treatment programs designed to reduce these indices and meet the division's oral health objectives.

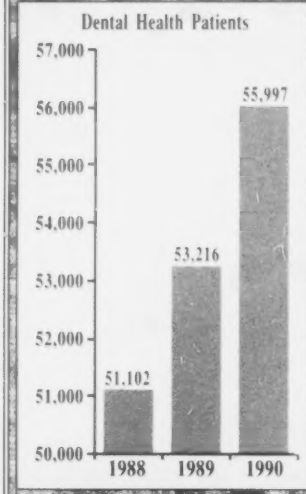
The survey population was randomly computer selected by the Dental Disease Prevention Activity Unit of the Centers for Disease Control (CDC) in Atlanta. Twenty-four schools were chosen as representative of the entire state. The only modifying factors in the selection were the inclusion of an elementary school, middle school, and high school from each of the eight public health areas.

School-aged children grades K-12 were offered a free dental examination, oral hygiene kits, dental health education, and tobacco abuse education. Only those students with signed parental consent were examined while all students were offered the educational programs. Public health dentists from Jefferson, Dale, Tuscaloosa, Montgomery, and Colbert counties joined the Dental Division staff in examining 1,720 students from the selected schools during the calendar year 1990. The Dental Disease Prevalence Survey will continue into fiscal year 1991, as an estimated 7,000 students are examined.

Division of Family Planning



Division of Dental Health



Other Dental Health activity for 1990 included:

Began three new water systems on fluoridation in Brent, Oxford, and Pelham. These systems, with populations totaling 31,146, increased the total Alabama population receiving fluoridated water to 3,136,981.

Implemented the school mouthrinse program in 153 schools in non-fluoridated areas or locations with high dental caries prevalence, reaching 55,754 persons.

Provided services in county health department dental clinics in 55,997 patient visits. The Montgomery County Primary Care Dental Clinic began operation during 1990 and assisted toward an increase of almost 4,000 patient visits over the previous year.

Presented tobacco abuse education by division consultants to 28,767 students and teachers through 216 presentations.

Provided dental health education and oral hygiene kits to 28,518 students and teachers through 930 presentations.

Presented staff development workshops to 19 nursing homes, reaching 353 health care providers.

Provided oral cancer screenings to 78 worksite health fair attendants.

Division continues to expand health care resources

he Division of Primary Care Minority Health Services has a primary focus on providing access to quality primary care for medically underserved and at-risk populations through the administration of the Alabama Primary Care Cooperative Agreement, a tri-party compact between the State Health Department, the Alabama Primary Health Care Association (APHCA), and the U.S. Public Health Service (PHS). During 1990 division activities included:

Health manpower development

Technical Assistance to Federal Agencies:

Provided verification and support of Bureau of Health Care Delivery Assistance requests for designation of Health Manpower Shortage Areas (HMSA).

Became point of contact for the Appalachian Regional Commission (ARC) for placement of primary care physicians with J-1 visas in the state's 33 ARC counties.

Conducted a survey of Alabama's health professionals for the Eighth Report for the President and Congress on the Status of Health Professionals.

Performed a statewide survey for the National Health Service Corps (NHSC) Assistance.

Recruitment and placement

Participated in planning, coordinating, and promoting the Physicians' Alabama Opportunity Fair (PAOF).

Participated in the development of a Community Health Center (CHC) Recruitment Training program in conjunction with the Alabama Primary Health Care Association (APHCA).

Developed a recruitment information package.

Established a health manpower information system.

Recruited primary care residents from the University of Alabama at Birmingham and University of South Alabama medical training programs.

Performed clearinghouse functions to place five volunteer physicians, two federal loan repayment physicians, and seven obligated NHSC physicians in the state.

Retention of clinical support staff

Provided clinical support to provider staff by conducting Clinical Directors Forums in conjunction with APHCA.

Participated in planning for the U.S. Public Health Service Region IV Third Annual Primary Care Leadership Conference.

Served as a member of the APHCA Clinical Services Committee.

Distributed ADPH continuing medical education information to CHC clinical support staff.

Served as a member of the U.S. PHS Region IV Primary Care Task Force and chaired the malpractice subcommittee.

Primary care services for the medically underserved

Reviewed Community Health Center (CHC) applications for continuation and initiatives for special populations (perinatal), substance abuse and HIV AIDS initiatives).

Provided technical support to the department for the expansion of primary preventive services to CHCs. These preventive services included funding for WIC services in areas designated as "in-need," family planning service contracts, perinatal case management, and immunization services.

Participated as a department representative for interagency and intra-agency initiatives for the homeless, substance abusers, HIV AIDS, indigents, and minorities.

Served as the point of contact for the U.S. PHS for the identification of migrant populations.

Initiated the establishment of an Office of Minority Health within the health department.

Obtained a grant from the U.S. PHS Office of Minority Health to conduct a statewide conference focused on minority male issues in Alabama.

Social worker staff tripled to provide vital patient/services link

he health department nearly tripled its social worker staff from 19 social workers in fiscal year 1989 to about 60 in 1990.

This expansion was made possible primarily through the initiation of payment from Medicaid beginning April 1, 1990, for targeted case management services provided to eligible pregnant women and HIV AIDS patients. Continued Medicaid reimbursement for these services will allow the counties to add another 40 to 50 social workers during FY 1991.

Such expansion is critical, for social workers provide an essential component in the continuity and long-range success of patient care. While it is the job of physicians and nurses to treat immediate health problems, it is the role of social workers to look at the entire spectrum of patient needs and work with the patient to access necessary services.

Through case management the social worker provides the pregnant patient with a vital link among maternity, family planning, WIC, and child health services. All other services offered by the health department, such as dental care, home health, cancer detection, tuberculosis, and sexually transmitted diseases, are also tied together based on each patient's individual and family needs.

The Physicians' Alabama Opportunity Fair (PAOF), a private/public venture, offered physicians and communities an occasion to discuss medical practice opportunities in communities with populations of 15,000 or less. This initiative began a dialogue among 23 communities and 60 physicians.

Social Services Program

Social workers add an important dimension to the public health care team. When a pregnant woman is behind in her rent and has a drinking problem, or when a 75-year-old diabetic has no transportation to the grocery store, the social worker steps in to fill the gap between the patient's medical care and personal circumstances that can significantly affect the success of that care.

Diabetes Program increases operational, financial, and professional support bases

The Alabama Diabetes Control Program (ADCP) saw important growth in 1990 in its operational, financial, and professional support bases with the expansion of clinic services, the development of a new funding resource through a public/private collaborative effort, and the strengthening of the Alabama Diabetes Advisory Council.

New clinic sites established

The ADCP expanded its services from the Birmingham and Mobile areas to central and southeast Alabama in 1990 when it added clinic sites in Montgomery and Houston counties.

The Jefferson, Mobile, and Houston county office locations are funded through state and federal CDC monies.

The Montgomery site is operative through the establishment of a public/private partnership between the Alabama Department of Public Health and the Montgomery Area Community Foundation (MACF).

Alabama Diabetes Advisory Council reorganized

The Alabama Diabetes Advisory Council is a statewide network of organizations, government leaders, businesses, and individuals concerned with diabetes. Its purpose is to advise the Alabama Diabetes Control Program on public, professional, and patient education programs and the development of a comprehensive diabetic care system utilizing private and public resources.

During 1990 the council reorganized to better facilitate its educational and advocacy efforts. The group also developed and implemented membership expansion and social marketing plans to increase awareness of the high cost of untreated diabetes and the availability of diabetes services throughout the state.

1990 Diabetes Clinic accomplishments

Diabetic eye disease

- 341 initial eye examinations provided to new enrollees.
- 166 annual eye examinations provided to previously enrolled participants.
- 59 eye problems detected through program screening efforts.
- 35 cases of blindness prevented since program began in 1986.

Hypertension coexistent with diabetes

- 337 individuals enrolled in this program component.
- 44 persons with no previous history of hypertension had elevated blood pressures at enrollment.
- 172 or 51% of all individuals enrolled in this program component had elevated blood pressure measurement at enrollment.

Lower extremity amputation

- 661 given foot care and patient education on the prevention of foot problems.

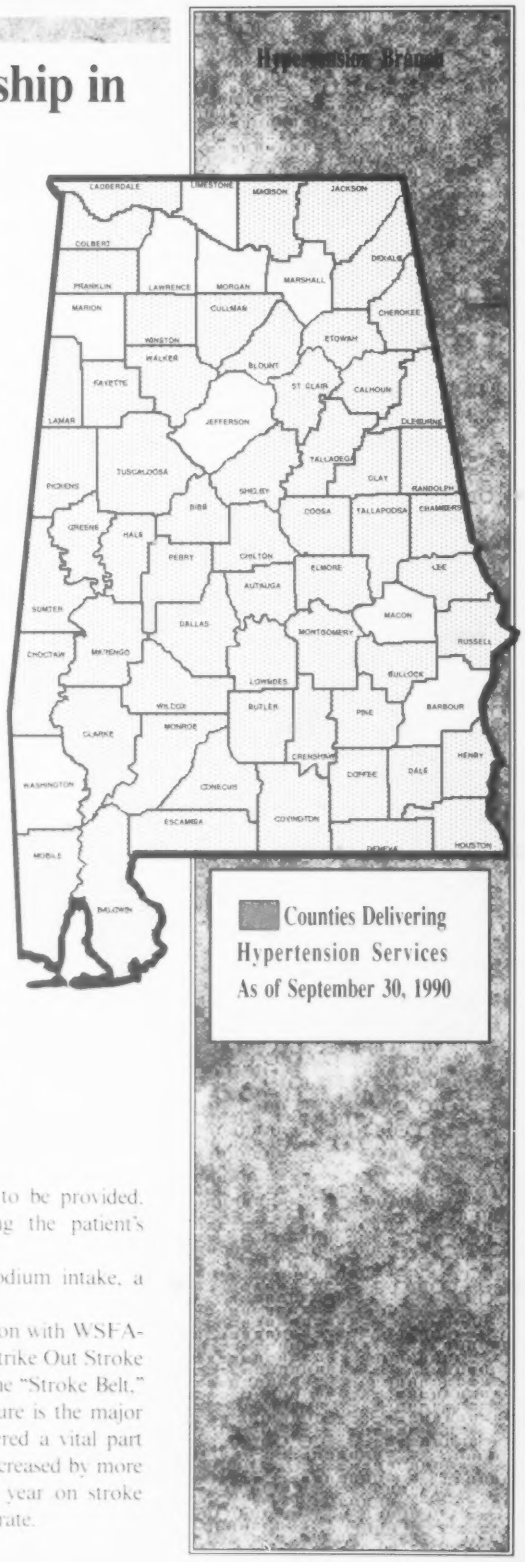
Alabama achieves national leadership in hypertension services coverage

Controlling high blood pressure (HBP) is one of the primary attainable means of preventing heart and kidney disease, stroke, and diabetic complications. Since 1986 when there were therapy clinics in 10 counties, the health department has been building its Hypertension Program to provide services in every county.

In 1990 the Hypertension Branch hit near the 90% mark of reaching this goal. Hypertension services became available in seven additional counties, bringing to 58 the number of counties providing hypertension treatment and making Alabama a national leader in providing hypertension services through county health departments.

Risk factors targeted

Because a person can be hypertensive and experience no discomfort, and because high blood pressure medication can cause uncomfortable and deleterious side effects, the success of a hypertension control program depends on public awareness of the need for HBP screening, patient compliance, and careful monitoring of medication to minimize side effects.



To these ends in 1990 the Hypertension Branch:

- Clinic tested automated blood pressure measuring devices in four county health unit lobbies. The goal is to encourage hypertension awareness among all county health department visitors, including family members and friends who often bring in patients.
- Developed a new poster to increase blood pressure awareness and detection among minorities, who are at a significantly higher risk for hypertension.
- Surveyed patient sample population for medication side effects.
- Developed patient care plan sheets to inform each client of services to be provided. Such health education helps to improve compliance by increasing the patient's understanding of treatment and sense of involvement and control.
- Developed a 20-second public service spot for TV on decreasing sodium intake, a significant factor in controlling blood pressure.
- Developed a three-night news series on Strike Out Stroke in collaboration with WSFA-TV, which provides access to one of Alabama's major media markets. Strike Out Stroke is a National Heart, Lung, and Blood Institute program designed for the "Stroke Belt," which is comprised primarily of southeastern states. High blood pressure is the major cause of stroke, and public education on this "silent killer" is considered a vital part in stroke reduction efforts. The national stroke-related death rate has decreased by more than 50% since 1972, and the public education program begun that year on stroke risk factors is considered to have played a primary role in the decreased rate.

Immunization Branch

*The health department continued as the state's largest supplier of immunizations to school-children in FY 1990, providing some 70% of the vaccines given to the approximately 60,000 children born in Alabama each year. The 1989-90 newly recommended immunization schedules for Hib (Haemophilus influenzae type b, the major cause of bacterial meningitis in children under age 5), D*P (diphtheria, pertussis), polio, Td (tetanus, diptheria), and measles have increased the number of vaccines given.*

During the year the department also supplied about 60% of the state's approximately 170,000 college students with a recommended second dose of measles vaccine, which in 1990, many colleges began requiring for admission.

Alabama takes lead in implementing new measles policy

Swift action prevents outbreaks

Swift action by the health department prevented several measles outbreaks in 1990, including school-based outbreaks in 8 counties and 12 hospital exposures. In the outbreak containment program administered at Tuskegee University, 90% of the enrollment was immunized.

Since measles re-emerged in 1989 as a serious public health threat, the health department has successfully administered several mass immunization containment programs. And through the State Committee of Public Health, Alabama has been one of two states to aggressively pursue implementation of the CDC's American Committee on Immunization Practices' new policy recommending a second dose of measles vaccine for anyone born after 1957. By trying to meet this goal within the next five years among students from kindergarten through college, Alabama could win the battle against measles that most other states may be fighting for many more years to come.

Role as major supplier of immunizations grows

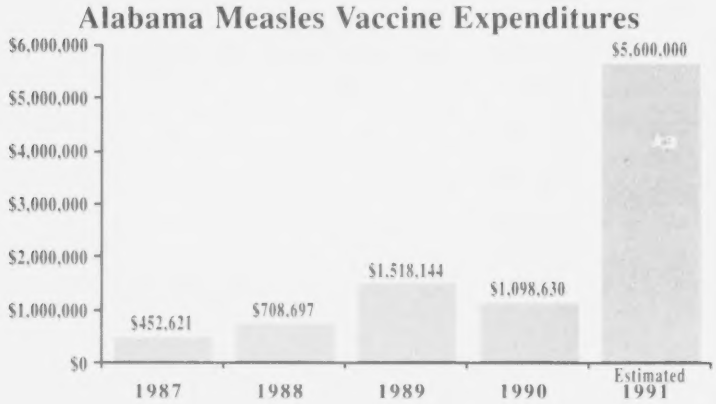
Vaccine usage increased during 1989-90 as listed in the chart below by 12.38% for all vaccines given. Measles-mumps-rubella (MMR) increased by 3.47% compared to the previous 12-month period. The increase would have been larger had it not been compared to a previous period that included the Auburn University measles outbreak. *Haemophilus influenzae* type b vaccine increased 109.69% as a result of the department purchasing vaccine to follow the recommended schedule.

In 1990, the Immunization Branch received a supplemental grant for a Hepatitis B program to immunize babies born to Hepatitis B positive mothers and to immunize certain household contacts. This program is expected to continue as part of the annual immunization grant next year.

Vaccine Usage July 1988 - June 1989 Compared to July 1989 - June 1990 and Percentage Change

	7/88-6/89	7-89/6-90	Percent Change
DTP	158,111	165,386	4.60%
DT	2,197	2,336	6.32%
Td	25,305	34,490	36.30%
Polio	134,321	137,630	2.46%
MMR, MR, Measles	66,643	68,954	3.47%
Hib	24,976	52,372	109.69%
IPV	267	416	55.80%
Influenza	28,066	35,488	26.44%
Pneumococcal	5,013	1,952	-61.07%
Other	2,268	5,096	124.69%
TOTAL	448,625	504,149	12.38%

FY 1990 Program Funding —		
	State of Alabama	$2,082,002
	Federal Funds	$1,950,000
	Total Funds Available	$4,032,002



1989 expenditures were higher than 1990 due to expenses incurred during the 1989 Auburn University measles outbreak.

1990 Day Care Center/Head Start Center Survey

State and area Immunization Program personnel visited 418 day care centers and 26 Head Start centers in 1990 to determine the immunization level of attendees. Of the 418 day care centers surveyed, 22,534 were enrolled and 16,990 (75.4%) were up-to-date for age. Of the 26 Head Start centers surveyed 2,593 were enrolled and 2,517 (97.1%) were up-to-date for age.

Successful therapy program expanded to combat TB

While tuberculosis in Alabama and the U.S. has shown a downward trend during the last two decades, primarily as a result of preventive therapy activities, conditions associated with a high risk for TB are causing it to re-emerge as a public health threat to the U.S. and Alabama.

These factors include the increase in older citizens and HIV/AIDS-infected persons, two population segments at higher risk for TB; the growth in poverty and drug use rates which translates into crowded, unhealthy living conditions (TB is primarily an airborne disease), and in the case of drug use, the spread of AIDS; the growing shortage of medical services to provide prompt diagnosis and treatment in many areas; and immigration from underdeveloped countries where tuberculosis rates are high.

Prevention and the development of new technology remain the major factors in dealing with these circumstances and meeting the goal of eliminating TB by the year 2010. Based on its success with the Directly Observed Therapy Program (DOT), the Tuberculosis Branch expanded this program in 1990.

DOT and other prevention accomplishments during the year by the branch included:

Identifying high-risk groups considered as major target populations for preventive therapy. These were skin test positive persons, regardless of age, in the following groups: persons with HIV infection; close contacts of infectious tuberculosis cases; recent tuberculin skin test converters; previously untreated or inadequately treated persons with abnormal chest radiographs; and persons with medical conditions which increase the risk of TB.

(Continued on page 16)

State of Alabama
Cases of Specified
Notifiable Diseases
FY 1990

Diphtheria	[illegible]
Measles	[illegible]
Mumps	[illegible]
Pertussis	[illegible]
Polio	[illegible]
Rubella	[illegible]
Tetanus	[illegible]
Hib	124
Hepatitis B	207

Tuberculosis Branch

During 1990 the health department extended the DOT program to include preventive therapy to refugees immigrating to the Mobile area. Program teamwork has served not only to prevent the spread of TB but also to educate the refugees on modern health practices.

- Continuing the directly observed therapy program (DOT), which was initiated in 1988. During the first half of 1990, 76% of all confirmed cases of tuberculosis were placed on some form of DOT.
- Extending DOT to include preventive therapy to refugees in Public Health Area 7 (Mobile County) due to the large number of Southeast Asians immigrating to that area.
- Continuing TB prevention initiatives in major facilities including long term care facilities (nursing homes) and state prison facilities.

Total rabies cases decline

Incidence in dog and cat populations increases

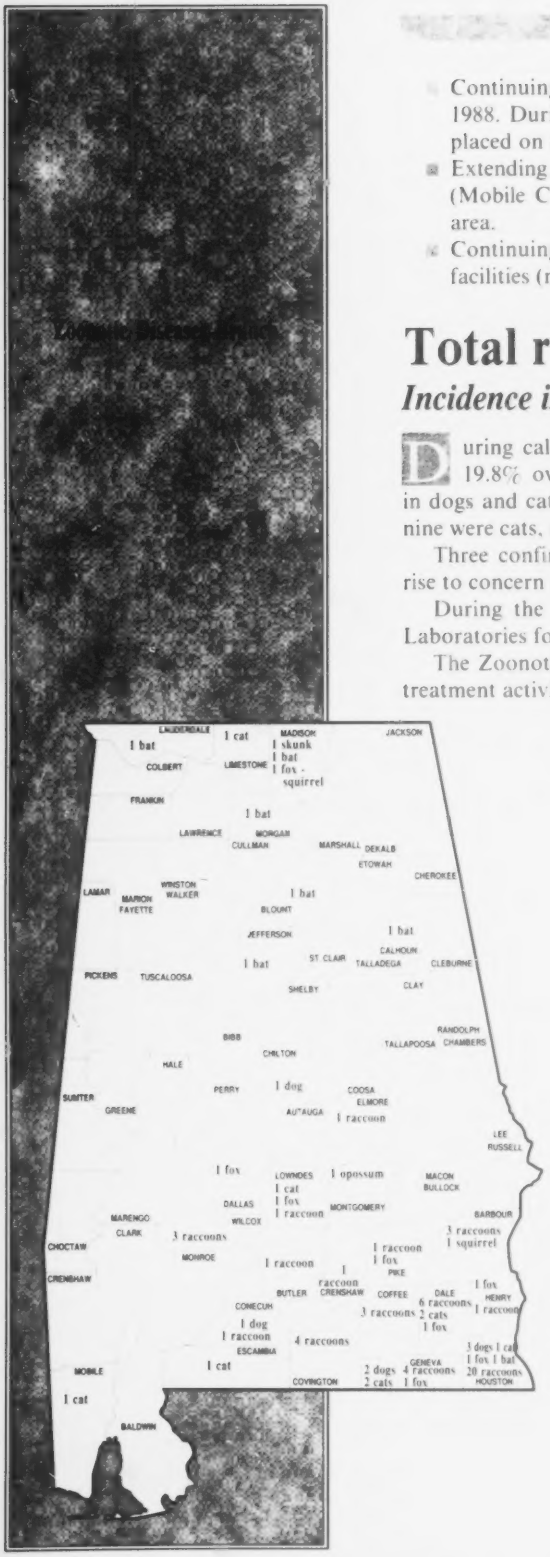
During calendar year 1990 the number of rabies cases confirmed in Alabama fell 19.8% over 1989, from 116 to 93 cases. In this period the incidence of rabies in dogs and cats increased 50% over 1989. Of those cases confirmed, 56 were raccoons, nine were cats, and seven were dogs. The remainder involved bats and other wild animals.

Three confirmed wildlife cases involved fox squirrels during 1989 and 1990, giving rise to concern a new species in the state has been infected with rabies.

During the fiscal year 2,507 specimens were submitted to the Bureau of Clinical Laboratories for rabies testing with approximately 85 reported as positive.

The Zoonotic Diseases Branch also recorded the following rabies immunization and treatment activities for 1990:

- Of the estimated 1.4 million dog and cats in Alabama, about 510,000 or 36%, received rabies immunizations in 1990.
- One hundred sixty-four humans received rabies prophylaxis.
- Sixty-three individuals concerned about possible exposure to rabies safely decided to forego the expensive treatment after their physicians consulted with the department's Zoonotic Diseases Branch.
- Twenty-nine individuals received pre-exposure immunizations because their occupations or hobbies involved frequent animal exposures.

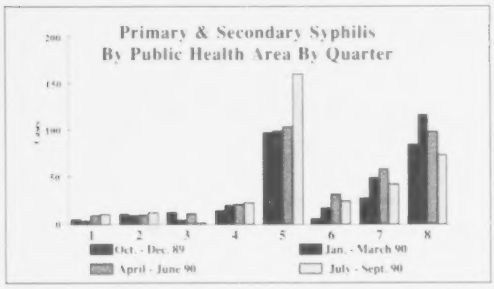


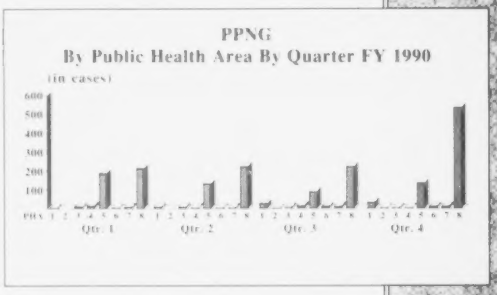
POSITIVE RABIES CASES, FISCAL YEAR 1990

50 raccoons
7 bats
7 foxes
7 dogs
9 cats
1 squirrel
1 fox squirrel
1 opossum
1 skunk
Plus 1 bat from Mississippi tested in Decatur Lab.
85 total positives

Soaring STD levels demand prioritization of interventions

Soaring sexually transmitted disease (STD) levels and limited staffing created a need in 1990 to prioritize department intervention activities in some public health areas. Actions included assigning top priority to the identification and notification of sex partners of persons with HIV infection and syphilis.





Syphilis, antibiotic resistant gonorrhea rates jump

Not since 1950 have there been more cases of early syphilis reported in Alabama than were reported in 1990. The department recorded continued increase in antibiotic resistant strains of gonorrhea as well as a larger percentage of total gonorrhea cases reported.

The total number of early syphilis cases increased by 14% from 2,008 cases in 1989 to 2,285 cases in 1990, while primary and secondary syphilis increased by 39% from 925 cases in 1989 to 1,284 cases in 1990.

Antibiotic resistant strains of gonorrhea, predominantly penicillinase-producing N. gonorrhoeae (PPNG), increased from 1,295 cases in 1989 to 1,933 cases reported in 1990 (a 49% increase). During 1989, antibiotic resistant strains of gonorrhea made up 7% of all gonorrhea cases reported, while during 1990, resistant gonorrhea represented 10% of all gonorrhea cases reported.

The 1990 department treatment cost for gonorrhea and syphilis was $449,789, an increase of almost $50,000 over 1989.

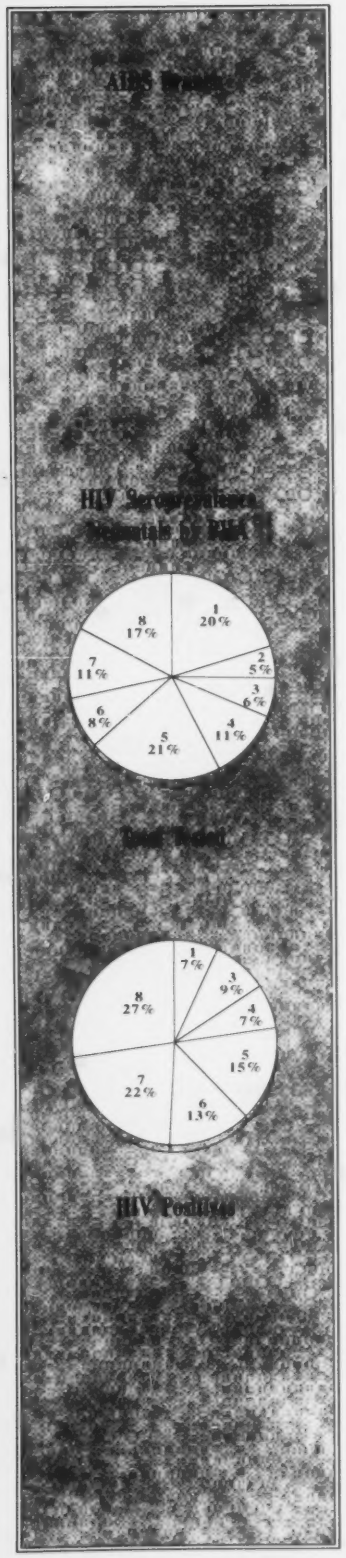
Drug/prostitution subculture requires new containment strategy

Effective intervention in many areas of disease transmission has been severely thwarted due to the link between STDs and the drug prostitution subcultures in the state. Many of these patients attend clinic under assumed names with a false address, often making epidemiological follow-up impossible.

As a result, in 1990 the STD Program began an intensive program evaluation and considered alternative service deliveries, including satellite clinics and mobile health department clinics.

HIV antibody counseling/testing

HIV antibody counseling testing and partner notification continued as an integral part of STD clinic and field activities. In 1990, 17,726 HIV tests were performed through health department clinics.



Blinded surveys add critical dimension to picture of AIDS in Alabama

Alabama's mothers/rural areas indicated at growing risk for AIDS

An alarmingly high number of young new mothers in rural areas were found to be HIV-infected, according to the preliminary results of the newborn portion of a five-year blinded survey project. Part of the Centers for Disease Control's National Family of Surveys, the Alabama project began in 1989 with studies conducted through tuberculosis, women's health, STD, and drug treatment clinics and through the Alabama Newborn Screening Program, which routinely tests all newborns for diseases such as sickle cell anemia.

In financial terms, all maternal AIDS cases are significant, for babies with the virus will cost close to $100,000 worth of care. To help prevent the spread of the disease to Alabama's mothers and children will require directing more AIDS prevention efforts toward women of childbearing age and extending educational activities into rural areas. Since the majority of maternal AIDS cases are suspected to be drug-related, these activities must include special educational outreach programs to those who use intravenous drugs, are members of the sex-for-drugs population, and/or whose sexual partners are members of these groups.

HIV Seroprevalence Data
CDC Five Year Family of HIV Surveys

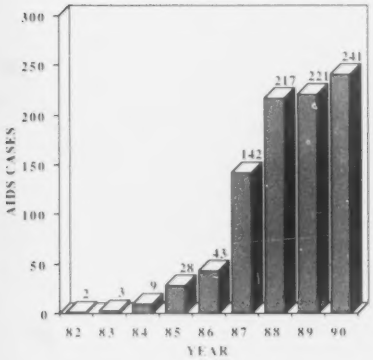
	Year 1 (6/89-5/90)			Year 2 (6/90-5/91)		
	#Sites	#Tested	%Pos.	#Sites	#Tested	%Pos.
Blinded Surveys						
STD	1	3,193	1.3	1	3,051	1.2
DTC	2	345	2.9	3	958	2.0
Woman	5	5,200	0.2	4	4,211	0.2
TB	2	159	2.6	2	84	4.0
Homeless				1	56	1.8
Correctional Facilities				2	1,750	1.1
Neonatal	1	58,315	0.1	(Year 1-11/89-10/90)		
Non-Blinded Surveys						
STD	1	247	2.0	(Year 1-6/90-5/91)		
DTC	2	120	1.5	(Year 1-6/90-5/91)		

Previously, the only measure of the incidence of HIV infection in Alabama came from voluntary testing, which could provide just part of the data needed to draw an accurate portrayal of the spread of the virus. The information from these blinded surveys provides objective, unbiased data to allow for better tracking of infection trends and planning of HIV/AIDS prevention programs.

The CDC National Family of HIV Surveys was expanded in 1990 to include homeless populations, correctional facilities, and one additional drug treatment center. Also, during the year non-blinded surveys were implemented in clinics which demonstrated HIV seroprevalence rates of greater than 1% in the blinded surveys. These non-blinded surveys are conducted with the informed consent of participants and with appropriate individual education and pre- and post-test counseling.

Alabama AIDS Update 1990

Reported AIDS Cases
Alabama, 1982-1990



Total reported cases as of Dec. 28, 1990 905
Adult Adolescent Cases 884
Pediatric Cases (Under 13 years of age) 21
Alive - 350 (38%)
Dead - 555 (62%)

In addition to the number of people diagnosed with AIDS, more than 2,000 Alabamians have been reported as being infected with human immunodeficiency virus (HIV), the virus which causes AIDS.

ADULT RISK CATEGORIES (n = 844)

	Number of Cases	Percentage of Total
Homosexual Bisexual Male	520	59%
Homosexual Bisexual Male with IV Drug Use	89	10%
IV Drug Use Only	137	15%
Transfusion Related	34	4%
Hemophiliac	21	2%
Heterosexual	81	9%
Undetermined	2	0%

RACE AND SEX

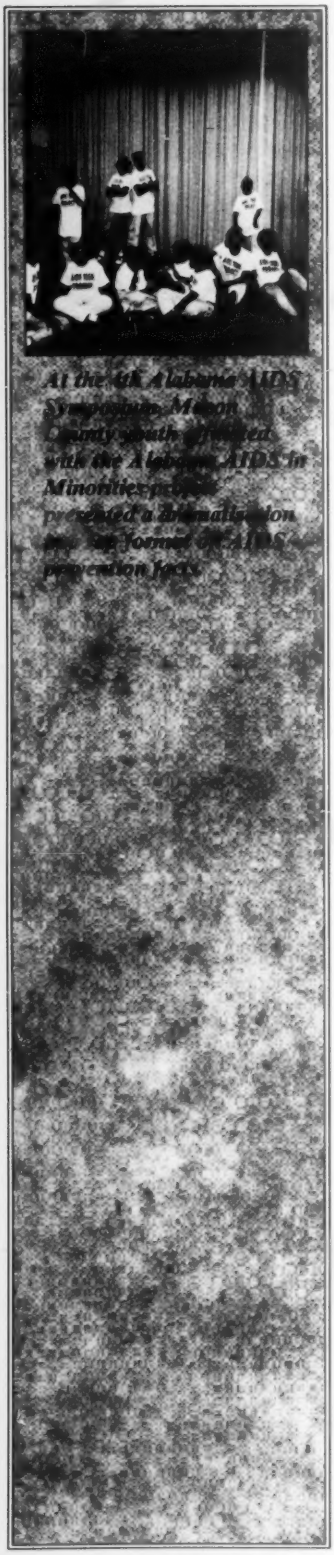
	White	Black	Hispanic	TOTALS
Male	476	333	5	814 (90%)
Female	39	52	0	91 (10%)
TOTALS	515 (57%)	385 (43%)	5(< 1%)	905 (100%)

Other surveillance and seroprevalence activities in 1990 included:

- Being selected as one of five states to participate in the Evaluation of Surveillance of HIV Infection. The 36-month CDC project began on November 1.
- Completing data collection for the first year of the Surveillance Evaluation of AIDS Reporting Completeness in Health Care Settings (SEARCH) project. As of late 1990, better than 95% of all AIDS cases had been reported to the state in the institutions selected for study.

"Alabama has been cited for having one of the most advanced HIV/AIDS surveillance programs in the country. Credit for this goes to the State Committee of Public Health, which recommended that HIV be made a reportable disease in 1987 when AIDS was first being recognized as a serious public health threat. As a result of the committee's foresight, this state now has one of the two largest data bases in the country for HIV seroprevalence reporting, which is necessary to accurately and cost-efficiently target resources in the war against AIDS."

Don Williamson, M.D.,
Director,
Bureau of Disease Control and Rehabilitative Services



At the 4th Alabama AIDS Symposium, Macon County youth [illegible] with the Alabama AIDS in Minorities project presented a dramatization [illegible] format of AIDS prevention facts.

Public/professional education programs reach thousands

Alabama has established one of the most comprehensive AIDS information networking systems in the country through the collaborative efforts of the Alabama Department of Public Health and numerous national, state, and community groups.

In 1990 public and professional educational efforts included:

- Establishing the HIV Support Service Project to provide educational and emotional support to people infected with HIV. Services are provided by seven community-based organizations through a contractual agreement between the Alabama AIDS Task Force and the Department of Public Health. Beginning in July, more than 70 people were served in 1990.
- Providing letters of support and technical assistance to three community-based organizations and one institution of higher learning seeking funds for AIDS prevention activities.
- Establishing the Comprehensive AIDS Education Planning Committee to develop strategies for statewide AIDS prevention activities and their evaluation. Presentation of these plans was slated for February 1991.
- Arranging and/or conducting educational and training programs through Area AIDS Coordinators and AIDS Branch staff for more than 35,000 Alabamians, including more than 2,200 health department employees.
- Conducting the 4th Alabama AIDS Symposium in Montgomery during October, registering over 800 attendants who represented 57 Alabama counties; 14 states; and 275 businesses, agencies, institutions, and organizations. The symposium has been cited by national leaders in the field of AIDS as one of the best state conferences on AIDS in the country.
- Providing 228 education and training programs in 24 counties to 1,467 professionals and 14,140 others through the Alabama AIDS in Minorities (AIM) Project with sites in Tuskegee, Mobile, Huntsville, and Eutaw. During the 4th Annual AIDS Symposium, Alabama AIM sponsored a workshop titled "Strategies for Working with Culturally Diverse Communites and Clients."
- Collaborating with the Alabama Crippled Children's Rehabilitative Services to include for the first time in the annual AIDS Symposium a workshop on hemophilia and HIV issues. During the summer, 151 health and social service workers in the Hemophilia Program participated in HIV/AIDS training conducted by the Emory AIDS Training Network.
- Beginning quarterly publication of the *Alabama HIV/AIDS Update*, a newsletter designed to inform health care professionals, social service agencies, county health departments, community-based organizations, educators, and others of HIV-related matters.
- Answering more than 1,500 calls for information and/or referrals on the Alabama AIDS hotline.

Alabama AZT Drug Reimbursement Program

The Alabama AZT Drug Reimbursement Program subsidizes the cost of AZT for low-income persons with HIV or AIDS infections.

Research indicates that early intervention with AZT (Zidovudine, Retrovir), can delay the onset of clinical illness and represents the first step in converting HIV infection into a manageable chronic disease.

During 1990, the Division of STD/AIDS Prevention and Control helped provide the drug AZT to 162 Alabamians. Approved applicants receive the drug on a first-come, first-served basis. Alabama's federal allocation, based on CDC surveillance data as of Sept. 30, 1989, was $182,734.

Lyme disease and elevated blood lead levels made notifiable

The Division of Epidemiology monitors and investigates the occurrence of communicable and chronic diseases, perinatal events, environmental and occupational health hazards, and mortality trends. The office also provides leadership and expertise in the analyses of risk factors of the above categories and in the development, implementation, and assessment of control strategies designed to lessen the morbidity and mortality associated with them.

Upon the recommendation of the division, in September 1990 the State Committee of Public Health approved as a final rule the addition of Lyme disease and elevated blood lead values ($15 \geq$ mcg/dl) as notifiable diseases/conditions, effective Nov. 1, 1990.

Lyme disease in Alabama has been under a system of voluntary reporting since October 1988. A recently adopted national surveillance case definition will facilitate case identification (for reporting purposes) and interstate comparisons.

Elevated blood lead values represent the first non-infectious disease/condition to be added to the notifiable list in the recent past. (Cancer was notifiable during the 1960s and 1970s.)

The rationale of making diseases notifiable is at least two-fold: individual case reports may prompt further inquiry or action to protect others, and collated case reports can be descriptively analyzed according to time, place, and person characteristics so that trends and patterns are ascertained.

Shigellosis, syphilis show largest increases in 1990

A major function of the Division of Epidemiology is surveillance of notifiable diseases. Compared to 1989, diseases showing the largest increases in 1990 are:

	1989	1990	Percent Increase
AIDS	221	244	10.4%
Gonorrhea	19,372	20,513	5.9%
Hepatitis A	84	99	17.9%
HIV	686	724	5.5%
N. meningitis	27	38	40.7%
Shigellosis	375	566	50.9%
Syphilis	2,015	2,998	48.9%

Commonly reported diseases that showed a decrease in 1990 compared to 1989 include:

	1989	1990	Percent Decrease
H. influenzae	125	92	26.4%
Hepatitis B	253	167	34.0%
Hepatitis NANB	57	25	56.1%
Measles	60	25	58.3%
Mumps	29	19	34.5%
Pertussis	80	65	18.8%
Rabies (animal)	116	93	19.8%
Salmonellosis	849	728	14.3%

Outbreak investigations conducted at the state level in 1990 included three foodborne outbreaks, a cluster of cases of aseptic meningitis, and methicillin resistant *Staph aureus* in a nursing home.

TABLE 1
CASES OF NOTIFIABLE DISEASES*
BY YEAR; ALABAMA; 1981-1990

Diseases	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
AIDS	-	2	3	2	26	30	151	220	221	244
Amebiasis	4	4	5	11	6	10	21	4	10	9
Brucellosis	4	5	5	4	2	2	0	1	0	0
Campylobacterosis	61	56	109	99	109	196	156	247	244	242
Encephalitis	23	18	25	26	15	31	19	28	22	14
Eosinophilia-Myalgia Syndrome	-	-	-	-	-	-	-	-	10	0
Giardiasis	-	435	713	1,277	1,351	1,183	594	616	421	439
Gonorrhea	25,178	25,092	23,156	23,376	23,717	21 055	17,988	16,184	19,372	20,513
H. influenzae	116	82	84	118	102	128	141	166	125	92
Hepatitis, A	155	128	183	127	52	70	80	56	84	99
Hepatitis, B	289	381	424	464	487	576	412	330	253	167
Hepatitis, unspec.	78	57	49	35	15	15	9	11	3	0
Hepatitis, Non A Non B	32	63	76	70	76	69	56	61	57	25
Histoplasmosis	72	131	104	81	55	77	11	18	19	25
HIV infections	-	-	-	-	-	-	-	626	686	724
Kawasaki	-	-	9	9	19	13	10	7	8	6
Legionellosis	7	9	5	19	5	9	7	14	14	13
Leprosy	0	0	0	0	0	1	0	2	0	0
Leptospirosis	1	2	2	1	1	0	0	0	0	0
Listeriosis	-	-	-	-	-	-	-	7	8	17
Malaria	10	2	7	8	6	10	5	10	8	7
Measles	2	2	5	3	0	2	4	0	60	25
Meningitis, aseptic	326	321	445	238	303	377	252	189	249	245
Meningococcal infections	68	56	50	36	28	41	45	41	27	38
Mumps	19	10	2	6	2	4	64	16	29	19
Pertussis	0	5	5	2	30	25	25	62	80	65
Poliomyelitis	0	0	0	0	1	0	0	0	0	0
Psittacosis	0	1	0	0	0	2	0	0	2	3
Rabies in animals	123	146	85	130	124	117	81	94	116	93
Reye Syndrome	14	10	5	5	3	4	0	0	1	0
Rocky Mountain Spotted Fever	24	19	24	15	16	25	11	10	6	11
Rubella	1	0	1	3	0	0	0	0	1	0
Salmonellosis	603	543	737	477	740	733	798	858	849	728
Shigellosis	61	84	105	76	153	51	128	523	375	566
Syphilis	1,062	1,510	1,528	1,382	1,375	1,165	1,142	1,401	2,015	2,998
Tetanus	2	6	3	2	2	3	3	3	3	2
Toxic Shock Syndrome	11	5	6	2	2	5	6	2	1	2
Tuberculosis	640	631	523	565	531	601	541	524	464	484
Tularemia	0	0	0	0	1	1	1	0	0	0
Typhoid Fever	5	10	2	2	2	1	1	1	1	2
Vibriosis	-	-	-	-	-	-	-	14	14	11

* No cases of anthrax, cholera, dengue fever, diphtheria, or yellow fever were reported during 1981-90; One case of trichinosis was reported in 1990.
(-) implies not reportable

TABLE 2
CASES AND RATES (*) OF NOTIFIABLE DISEASES (**)
BY PUBLIC HEALTH AREA; ALABAMA 1990

DISEASES	AREA 1		AREA 2		AREA 3		AREA 4		AREA 5		AREA 6		AREA 7		AREA 8		TOTAL	
	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE
AIDS	29	3.5	13	5.6	3	1.0	16	3.2	58	7.2	14	3.9	39	10.3	72	11.1	244	5.8
Amebiasis	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	1	0.3	5	1.3	2	0.3	9	0.2
Campylobacteriosis	55	6.7	5	2.2	14	4.8	22	4.4	40	4.9	6	1.7	59	15.6	41	6.3	242	5.7
Encephalitis	4	0.5	1	0.4	0	0.0	1	0.2	1	0.1	3	0.8	1	0.3	3	0.5	14	0.3
Giardiasis	52	6.3	5	2.2	17	5.9	28	5.6	76	9.4	55	15.2	166	43.8	40	6.1	439	10.3
Gonorrhea	1795	218.4	824	355.7	262	90.7	1557	313.4	4616	569.6	1344	372.3	3007	794.2	7108	1091.0	20513	482.5
H. influenzae	16	1.9	3	1.3	4	1.4	9	1.8	25	3.1	5	1.4	14	3.7	16	2.5	92	2.2
Hepatitis A	27	3.3	4	1.7	2	0.7	26	5.2	8	1.0	2	0.6	22	5.8	8	1.2	99	2.3
Hepatitis B	18	2.2	2	0.9	6	2.1	23	4.6	28	3.5	9	2.5	35	9.2	46	7.1	167	3.9
Hepatitis, Non A Non B	6	0.7	0	0.0	1	0.3	1	0.2	3	0.4	0	0.0	5	1.3	9	1.4	25	0.6
Histoplasmosis	6	0.7	4	1.7	0	0.0	0	0.0	10	1.2	1	0.3	3	0.8	1	0.2	25	0.6
HIV infections	57	6.9	32	13.8	20	6.9	35	7.0	147	18.1	31	8.6	129	34.1	244	37.5	724	17.0
Kawasaki	4	0.5	0	0.0	1	0.3	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	6	0.1
Legionellosis	3	0.4	0	0.0	2	0.7	2	0.4	4	0.5	0	0.0	0	0.0	2	0.3	13	0.3
Listeriosis	2	0.2	0	0.0	2	0.7	4	0.8	3	0.4	1	0.3	1	0.3	4	0.6	17	0.4
Malaria	6	0.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	7	0.2
Measles	9	1.1	0	0.0	0	0.0	1	0.2	4	0.5	5	1.4	6	1.6	0	0.0	25	0.6
Meningitis, aseptic	25	3.0	2	0.9	39	13.5	24	4.8	10	1.2	13	3.6	36	9.5	96	14.7	245	5.8
Meningococcal infections	9	1.1	2	0.9	2	0.7	6	1.2	6	0.7	1	0.3	8	2.1	4	0.6	38	0.9
Mumps	0	0.0	1	0.4	1	0.3	7	1.4	6	0.7	0	0.0	1	0.3	3	0.5	19	0.4
Pertussis	11	1.3	0	0.0	8	2.8	10	2.0	11	1.4	4	1.1	3	0.8	18	2.8	65	1.5
Psittacosis	0	0.0	0	0.0	0	0.0	2	0.4	1	0.1	0	0.0	0	0.0	0	0.0	3	0.1
Rabies in animals	6	0.7	0	0.0	2	0.7	2	0.4	73	9.0	8	2.2	1	0.3	1	0.2	93	2.2
Rocky Mountain Spotted Fever	5	0.6	0	0.0	0	0.0	1	0.2	2	0.2	2	0.6	1	0.3	0	0.0	11	0.3
Salmonellosis	97	11.8	57	24.6	26	9.0	49	9.9	166	20.5	43	11.9	70	18.5	220	33.8	728	17.1
Shigellosis	270	32.9	61	26.3	10	3.5	9	1.8	33	4.1	4	1.1	58	15.3	121	18.6	566	13.3
Syphilis	70	8.5	85	36.7	52	18.0	190	38.2	1129	139.3	218	60.4	369	97.5	885	135.8	2998	70.5
Tetanus	1	0.1	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	2	0.0
Toxic Shock Syndrome	0	0.0	0	0.0	2	0.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.0
Tuberculosis	101	12.3	38	16.4	27	9.4	60	12.1	78	9.6	41	11.4	28	7.4	111	17.0	484	11.4
Trichinosis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2	1	0.0
Typhoid Fever	0	0.0	0	0.0	0	0.0	1	0.2	0	0.0	0	0.0	0	0.0	1	0.2	2	0.0
Vibriosis	1	0.1	0	0.0	0	0.0	1	0.2	3	0.4	2	0.6	3	0.8	1	0.2	11	0.3

* Per 100,000 persons, based on 1990 census data.
** No cases of anthrax, brucellosis, cholera, dengue fever, diphtheria, or yellow fever were reported.

Rates and trends documents prepared for health researchers, planners

In the fall of 1990 the Division of Epidemiology announced the preparation of the following publications concerning health-related rates and trends:

- *Rates and Trends of Notifiable Diseases During the 1980s*
- *Alabama Mortality and Years of Potential Life Lost; Rates and Trends, 1980-87*- -This publication includes an analysis of age- and race-specific rates of mortality and years of potential life lost (YPLL) for the 12 leading causes of death during this eight-year period. The purpose of the analyses is to assess changes in the prevalences and relative impacts of the leading causes of death for white and black men and women of Alabama. Such an assessment allows planners to identify health problems specific to certain groups and project changes in mortality in order to meet future public health needs. Separate publications exploring YPLL rates and mortality rates for specific cancers and types of unintentional injuries.

Professional education provided statewide

Two statewide training sessions were held in 1990, an epidemiology workshop for nurses and a foodborne disease workshop for nurses and environmentalists.

In addition to these training sessions, epidemiology seminars were held in the state office bi-weekly. The division's monthly newsletter, the *Alabama Epidemiology Report*, was mailed to its circulation of 7,300 physicians and other health care providers.

Home health program records phenomenal growth

Alabama Public Health operates one of the nation's largest home health agencies

Due to phenomenal growth in the home health program during 1990, the Alabama Department of Public Health now runs one of the largest home health agencies in the country.

Home Health Annual Report Data
Percent Increase in FY 1990 Visits Compared with FY 1989

Total Visits	43% increase	**Medicaid Visits**	7.67% increase
Medicare Visits	70% increase	**Indigent Visits**	22.96% increase

FY 1990 Visits by Discipline

Nursing	Physical Therapy	Speech Therapy	Occupational Therapy	Medical Social Service	Home Health Aide	Total
173,402	16,205	1,234	22	131	467,271	658,265

FY 1990 Visits by Program

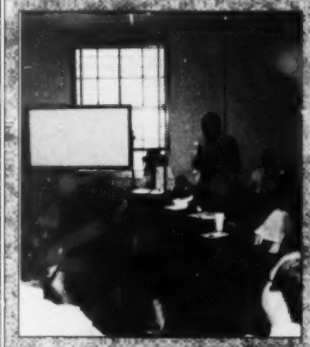
Medicare A	Medicare B	Medicaid	Insurance	Self Pay	Indigent
410,732	22,659	166,002	11,094	3,879	35,796

FY 1990 Total Visits: 197,698

Patient Admissions: 15,287, a 25.76% increase over FY 1989

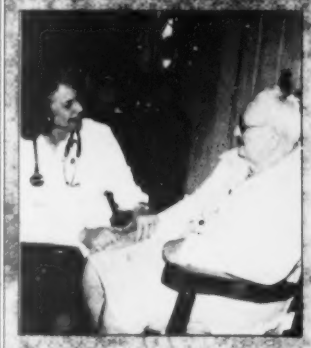
There was a 40% decrease in denied visits by the intermediary, from 332 Medicare denied visits in FY 1989 to 200 in FY 1990.

FY 1988 and FY 1989 Medicare cost reports were settled in FY 1990 by fiscal intermediary with desk review only.



Epidemiology seminars were offered throughout the year on a variety of topics.

Division of Long Term Care and Rehabilitation

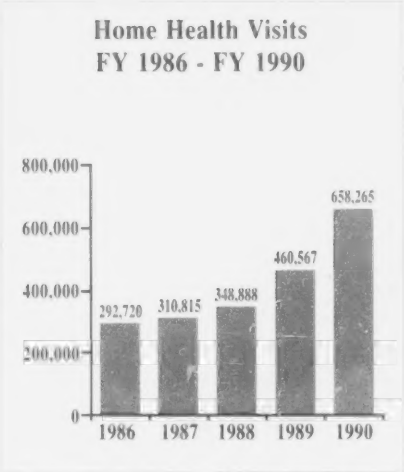


The national accreditation of the department's home health program provides important assurance to home health patients and their families that staff members have undergone rigorous training to provide competent, compassionate care.

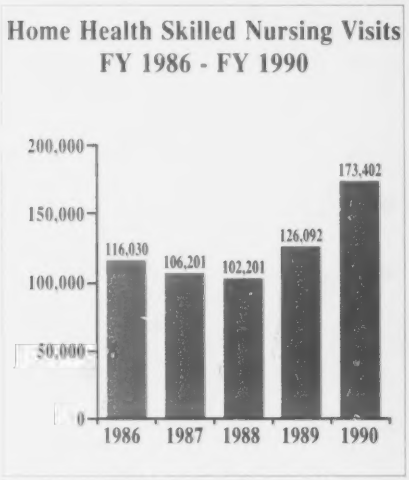
Statewide computerization of program slated for 1991

During 1990 the Division of Long Term Care, in conjunction with the Health Information Systems Data Center, continued development of the statewide computerization of the Home Health Program. The project is slated to be implemented in 1991.

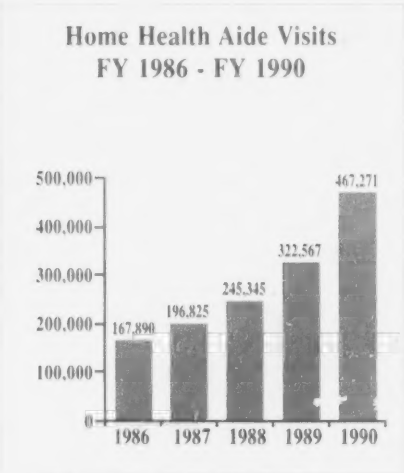
Activities included directing the pilot program in Coffee County, beginning automated documentation of certification/recertification, and making presentations on the program to groups throughout the state.



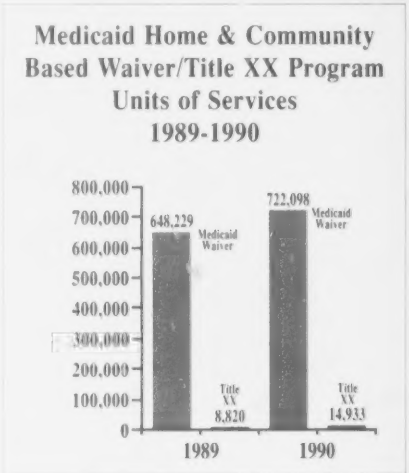
224% growth in home health visits in past 5 years



149% growth in nursing visits in past 5 years



278% growth in aide visits in past 5 years



Community-Based Medicaid Waiver Program reaches 97% participation

In addition to patients served through the home health program, the Division of Long Term Care provides hundreds of Alabamians an alternative to nursing home admission through its Community-Based Waiver Program. In the program, the health department contracts with the Department of Human Resources, the Alabama Commission on Aging, and other organizations and institutions to provide in-home services to individuals who do not typically qualify for home health through Medicare or Medicaid but who, with such services provided, can avoid or delay institutionalization.

During 1990 county health departments increased their participation in the Community-Based Medicaid Waiver Program from 59 in 1989 to 63, making for 97% participation. Non-participatory counties are Madison, Cherokee, Cleburne, and Chambers.

The program director visited 24 counties during this time to assist in program management, act as liaison with the local Commission on Aging and/or Department of Human Resources, and assist in the solving of issues that relate to the program.

Program first in nation to receive accreditation

During 1990 the home health program claimed a major accomplishment when it became the first state health department program in the country to earn statewide accreditation for meeting national standards of excellence for homemaker-home health aide services.

The accreditation was granted by the National HomeCaring Council, a division of the Washington, D.C. - based Foundation for Hospice and Homecare.

Accreditation approval came following an intensive effort by the Division of Long Term Care to train and certify the 575 homemakers and home health aides who provide personal care services to the program's homecare patients. Developed by the National HomeCaring Council as a national standardized curriculum, the accreditation program includes 60 hours of classroom instruction and 16 hours of supervised, hands-on training in patients' homes.

HCFA medical social services certification achieved for all counties/areas

The home health caseload is estimated to be about 20% of all social work cases. During 1990 all areas and counties in the state had been certified by the Health Care Financing Administration (HCFA) to provide medical social services in the Home Health Program. As of November, the staff included 38 social workers (exclusive of Jefferson County) and three state level consultants.

Staff conducted numerous orientation, training, and other programs statewide and participated in policy-making meetings that included the following:

- HIV AIDS – Planned a workshop titled "Outpatient and Home Management of HIV patients" in conjunction with faculty and staff from the University of Alabama at Birmingham's 1917 AIDS Clinic. Approximately 150 nurses and social workers attended. Staff also served on the planning committee for the annual Alabama AIDS Symposium. Targeted HIV AIDS case management is provided by a local social worker and two AIDS social workers statewide.
- Alzheimer's Disease and related disorders – Several meetings were held with Alzheimer's Disease chapters and support groups. A proposal to appoint a statewide study committed to assess the needs of Alzheimer's Disease patients and their caregivers was submitted to the governor's office. Consequently, a state representative presented the proposal to the last session of the Alabama Legislature. The commissioner of the Department of Mental Health/Mental Retardation was appointed to chair a committee consisting of the assistant state health officers, the commissioners of the Department of Human Resources, and the Alabama Medicaid Agency to address the Alzheimer's Disease proposal.
- Elder Abuse – Elder abuse has become a national issue with abuse/neglect reports increasing every year. The Division of Long Term Care contracted with the University of Alabama Center for the Study of Aging to conduct workshops concerning this subject in seven locations in the state. In 1990 three workshops were held and attended by 190 professional staff members. The series will continue until March 1991 and culminate in a national workshop in June 1991 in Birmingham.

Quality assurance program addresses high tech services

The rapid growth of high tech services in home health care has expanded the role of the public health nurse, and during the year home intravenous infusion became a major element in the department's care of home health patients. To ensure safe and competent patient care, the home health quality assurance program in 1990 began developing written procedures and protocols for home health nurses on high tech therapy.

In addition to conducting several training classes statewide and performing numerous other quality control activities, the program mailed over 500 patient questionnaires to department home health patients in 30 counties to assess the quality of the services they had received.

When the Alabama Department of Public Health became the first state health department in the country to be awarded national accreditation for excellence in homemaker-home health aide services, Kate Ireland, (pictured right), chairman of the Advisory Board of the Foundation for Hospice and Homecare, presented the certificate of accreditation to Carol Honaker (pictured left), director of the Accreditation, Training, and Support Services Branch in the Division of Long Term Care.

Diagnostic aid helps communities to recover from rural health care crisis

Since the 1980s essential medical services in Alabama's rural areas have been declining to an alarming degree. Physician shortages and hospital closures during the 1980s created a crisis situation for not only the 60 percent of Alabamians who are rural residents but also for the entire state, affecting its ability to deliver primary or emergency health care as well as its efforts to attract industry.

In response to the critical condition of the rural health care system, in 1989 the Legislature created a special task force to address the crisis, with State Health Officer Dr. Earl Fox named as chair of the 46-member group.

As a result of the task force's recommendations, in early 1990 an Office of Rural Health was created within the Alabama Department of Public Health. To best describe its services, which are to provide consultation for the development of health care services in rural areas, the office was renamed the Center for Rural Health Development (CRHD).

Center's first year sees high demand for services

More than 20 communities sought help from the CRHD during its first year of operation, and the center made impressive strides during this time in initiating change in several counties.

The following are examples of projects begun in 1990:

Washington County—This county has served as the CRHD's pilot project. At year's end the center was assisting with the implementation of approximately 15 recommendations that should serve to improve this county's overall health care delivery system.

Sumter County—Interviews were conducted to ascertain the magnitude of the health crisis here. Research indicated that the hospital is a prime candidate for alternate uses. The center was preparing to make its recommendations at year's close.

Macon County—When Macon County sought help from the CRHD, two hospitals had already closed. Initial plans included seeking an alternative delivery system for a comprehensive health care entity that will serve as a model for Alabama. Community forums were slated for the last of 1990.

Covington County—The center assisted the Florala Hospital with a physician shortage, including identifying temporary physician coverage and temporary housing for the anticipated new personnel.

Chambers County—This county contacted the center because of a sudden change in its pediatric and obstetrical coverage. At the end of 1990 the Chambers County project was in the first phase with completion expected within four to six months. The county commission had authorized the creation of the Chambers County Rural Health Task Force to assist the CRHD.

Professional recruitment included as key to recovery

An important key to the recovery of failing rural health systems is the recruitment, placement, and retention of health care professionals.

At year's end the center had acquired a personnel slot for a health professional recruiter who will be available to assist communities with marketing strategies for attracting and retaining physicians, nurses, and other health professionals.

The CRHD also established an active involvement with the Family Practice Rural Health Board whose mission is to encourage medical residents to locate and practice in rural Alabama.

In addition, the center began work with several state agencies to raise awareness among secondary and postsecondary students about potential health careers in rural areas.

BUREAU OF ENVIRONMENTAL AND HEALTH SERVICE STANDARDS

Center for Rural Health Development

The mission of the CRHD is to assist communities in identifying barriers to cost-effective health care delivery and in developing strategies to overcome them. This assistance is provided at no charge.

The first step in the process is to assess the area's health needs and then to explore possible avenues of financial support within the community as well as outside. After this, the center holds public forums in strategic locations throughout the county to involve as much of the community as possible in expressing its own needs, expectations, and opinions of health care delivery.

When the interviews are completed the data is analyzed and compiled into a report that validates the needs of the community. The report is presented with recommendations for the community to consider implementing. The center remains available as long as necessary to assist in the implementation of recommendations. The continuity of the model is realized through this process. While the CRHD provides guidance it advocates from the onset ownership at the local level.

1990 a year of important firsts for EMS

The Emergency Medical Services (EMS) Division's purpose is to protect the health, safety, and welfare of the public through the enforcement of minimum standards to prevent needless deaths and disabling injuries. Its primary function is to regulate emergency medical service providers. Its secondary function, as the state EMS lead agency, is to foster, coordinate, plan, and implement programs to expand and improve the quality of emergency medical care throughout Alabama.

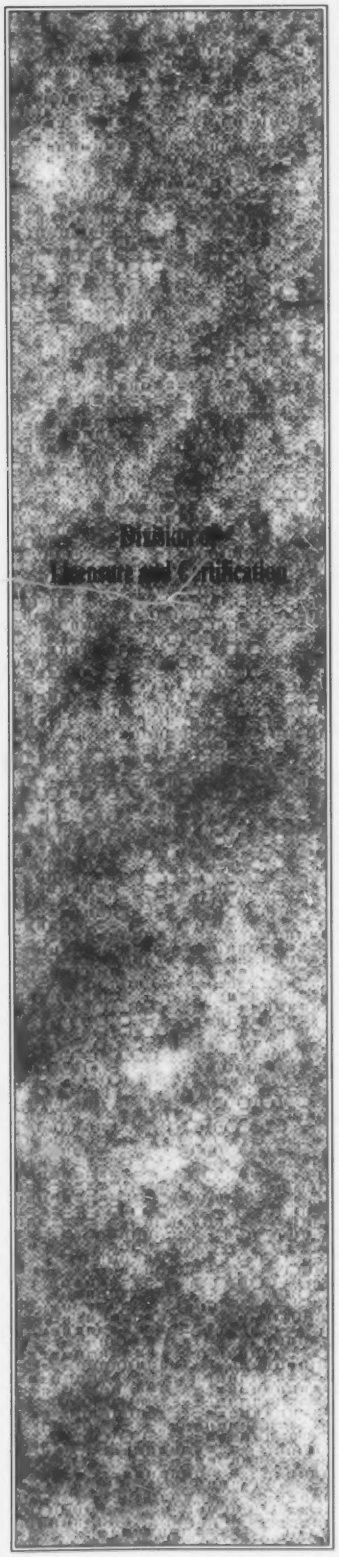
1990 was a time of important firsts for the EMS Division in fulfilling its responsibilities and included the following activities and highlights:

- Implemented EMS Quality Assurance Plan adopted in 1989 to upgrade the quality of EMS services in all counties. This plan included standardizing regional medical control and accountability procedures among all regional EMS systems; establishing uniform prehospital treatment guidelines across the state; updating air ambulance operational guidelines; upgrading EMT continuing training for recertification; adopting EMT-Basic and Intermediate licensure tests which meet national standards; upgrading proficiency of on-line physicians issuing advanced life support orders to EMTS; assuring improved security over the handling of controlled substances among prehospital providers; and introducing procedures leading to implementation of standardized data collection, standardized criteria for approval of EMT-Basic and Intermediate training programs, and limited standing orders for treating pulseless and non-breathing patients.
- Revitalized efforts to implement a statewide trauma care system in response to trauma as the leading cause of death and disabling injury among children and young adults. A State Trauma Care Systems Advisory Committee was formed under the chairmanship of the State Health Officer. Subcommittees were formed to deal with standards for participating trauma centers and prehospital providers, with the design and development of trauma registries, and with trauma system legislation. A trauma coordinator position was established within the division utilizing Highway Traffic Safety funding.
- Appointed a State EMS Medical Director to provide consultation to the State Health Officer on emergency medical matters and to fill the longstanding need for medical direction and coordination for Alabama's statewide EMS system.
- Increased by 25% the number of ambulance inspections conducted. This was accomplished through the employment of an additional field representative.
- Implemented a statewide toll-free EMS hotline to serve all EMS licensees and the general public. The line was used extensively, especially by volunteer and lower-paid EMS personnel, to gain technical assistance and needed information concerning licensure and a wide variety of EMS issues.
- Published the first State EMS Newsletter and disseminated it to all EMS licensees and providers to keep them abreast of statewide EMS events.
- Staged the first statewide EMS training conference held since 1979. A tremendous success, the conference's objective was to provide high quality, cost-free continuing education for all EMS providers. The faculty was composed of 15 instructors, and 20 vendors displayed state-of-the-art equipment. With 650 EMTs and other providers in attendance, this was the largest gathering of EMS personnel in the history of the statewide program.
- Re-established the EMT of the Year Award.

(Continued on page 28)

Division of Emergency Medical Services

State Health Officer Dr. Earl Fox (pictured left) presented the EMT of the Year Award to Dothan Police Sergeant James L. Smith, Jr. (pictured right), a nationally registered EMT-Paramedic, for his outstanding contributions to EMS. He was selected by a panel of his peers from among numerous statewide candidates. Presented during National EMS Week, this was the first time in over a decade that the State Health Department had sponsored this prestigious award competition.



EMS regulatory activities

During FY 1990, the EMS Division recorded regulatory tasks as follows:

- Inspected and licensed 360 ambulances and 138 ambulance services.
- Administered, graded, and recorded 3,088 EMT licensure exams.
- Processed and issued 3,767 individual EMT licenses.
- Inspected and licensed 235 prehospital providers of intravenous fluids and drugs.
- Administered 8,300 individual EMT and ambulance driver case files.
- Revoked 622 EMT licenses due to failure of licensees to maintain competency through recertification training.
- Reviewed, evaluated, and approved 622 EMT continuing education programs.
- Suspended or reduced to provisional status two ambulance services licenses for negligence or persistent failure to meet minimum standards.

Cooperative efforts improve quality of health care services

Through the concerted efforts of the Division of Licensure and Certification, industry groups, and other concerned agencies, guidelines were implemented or developed during 1990 in several areas to improve the quality of health care provided Alabama citizens. These items included:

- Developing Rural Primary Care Hospital Rules to foster care in underserved areas.
- Expanding care allowed in ambulatory surgical treatment facilities.
- Establishing a nurse aide abuse registry.
- Increasing staffing requirements by 34% to accommodate additional monitoring requirements required by OBRA '87.
- Initiating development of licensure rules for intensive treatment facilities.

The Division of Licensure and Certification performed countless other activities in 1990 to assure recipients of the availability of quality health care facilities. These activities included:

- Conducting five seminars for the nursing home industry on OBRA '87 requirements.
- Expanding the licensed domiciliary facilities from 148 to 161.
- Issuing 703 licenses to health care providers with beds totaling 47,221.
- Recommending 734 Medicare/Medicaid certifications, with bed totaling 43,421.
- Performing 525 licensure inspections and 715 certification surveys as well as hundreds of follow-up reviews and complaint investigations.

Health maintenance organization concept continues growth

Twelve health maintenance organizations (HMOs) were operating in Alabama by the end of 1990. During the 18-month period ending June 1990, enrollment in health maintenance organizations grew from 110,000 to 226,085, with the biggest gain in enrollment occurring since December 1989.

Profitability of these organizations increased dramatically over this same period, with HMOs in the state reporting an aggregate net worth of $4,257,421 in June. The aggregate net gain for the June reporting period was $5,836,930. The average length of stay in an inpatient facility dropped from 5.2 days in June 1989 to 4 days in June 1990.

As evidenced by these above statistics, the health maintenance organization concept continues to grow in the state of Alabama.

Grassroots input helps in planning safe, affordable care for older citizens

In the 1970s children outnumbered these over 65 by a ratio of 3-to-1. By the early part of the 21st century, there will be as many older citizens as children who may need some form of care.

A rapidly growing type of elder care in recent years has been the domiciliary. These facilities are a step between nursing homes and independent living, providing a place to live for three or more ambulatory residents who do not require a nurse to administer medication.

The rapid increase in the number of domiciliaries has created serious gaps in the state's protective oversight of our elderly in Alabama's long-term care system. As a result the State Health Department in 1990 took a look at rules and regulations regarding domiciliary care to ensure both affordability and quality of services.

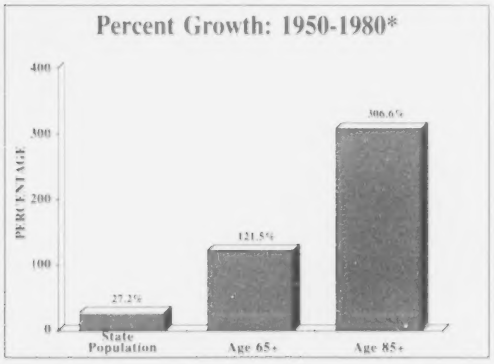
Public hearings were held in Anniston, Birmingham, Dothan, Huntsville, Mobile, Montgomery, Sheffield, and Tuscaloosa during the months of May and June to solicit input from the public concerning what changes they felt were needed to be made regarding rules and regulations of the domiciliary care facilities.

Providers, advocates, and concerned citizens from these areas volunteered to serve on a local advisory council. The councils addressed the issues of fire safety, supplementation, administration of medications, definition of a "domiciliary eligible resident," Alzheimer's resident dementing disorders, levels of care, training, legislation dealing with boarding homes, surveyors, and nutrition.

Proposals from the eight councils regarding these issues were presented at the state advisory council meeting in November 1990. Subsequent meetings were planned.

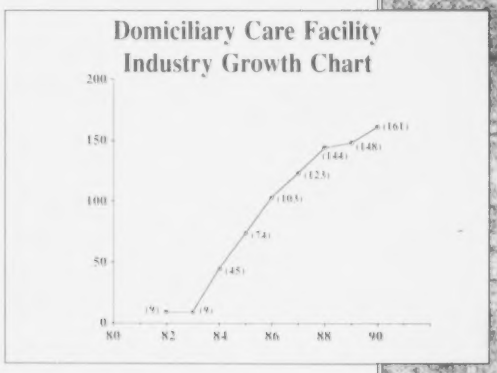
Taking into account the grassroots input from the local and state advisory councils, the health department at year's end was developing its domiciliary care facility rules and regulations and anticipated completion by early spring 1991.

Domiciliaries such as the one which provides a home for this man exemplify the healthy environment promoted and protected by public health regulations.



While the total population in Alabama increased by 27.2% between 1950-1980, the population of those 85 and over increased by 306.6%.

***Source: U.S. Bureau of Census**



5-14 year-olds
vs.
65-74 year-olds
Ratio: 1970 = 3.3 to 1.0
2030 = 1.0 to 1.0

Source: U.S. Bureau of Census, published in *The Advisor* by the Retirement Systems of Alabama, April 1990.

Hearing Aid Dealer Board

The department developed this consumer guide on hearing loss and buying a hearing aid and distributed it statewide to hearing aid dealers, older citizens' groups, rehabilitation facilities, county health departments, and county offices of the Department of Human Resources.

Division of Community Environmental Protection

Indoor Air Quality Branch

Hearing aid users to benefit from adoption of new rules

The loss of hearing can create emotional and social problems and put a hearing-impaired person and others in danger of injury. The proper assessment of hearing impairment and correct fitting of a hearing aid can make a critical difference in the lives of those suffering from hearing loss.

To assure that consumers of these devices receive reliable services, new rules governing the sale of hearing aids, conforming to revisions in the hearing aid dealers licensure law, were adopted by the State Board of Health in April 1990 and after final legal approval were disseminated to all license and permit holders in May.

These rules set clearer standards for training, including providing requirements for continuing education commencing in 1991; spelling out additional requirements for business compliance; and providing new avenues for investigations and resolution of consumer complaints.

Regulatory activities in FY 1990 included:

- Issuing 60 temporary permits.
- Renewing 15 temporary permits.
- Issuing 18 regular licenses.
- Renewing 124 regular licenses.
- Processing 46 exam applications.
- Investigating 36 consumer complaints.

Evidence shows indoor air pollution risks may be greater than outdoor

A growing body of scientific evidence has indicated that the air within our homes and other buildings can be more seriously polluted than the outdoor air in even the largest and most industrialized cities. Research shows that some people spend as much as 90 percent of their time indoors year 'round. Thus for some pollutants and for some people, the risks to human health may be greater due to exposure to air pollution indoors than outdoors.

To combat these risks, activities of the Indoor Air Quality Branch in FY 1990 included:

- Investigating 176 indoor air quality complaints.
- Analyzing 317 samples for asbestos by light microscopy.
- Surveying 83 buildings for asbestos.
- Issuing 61 buildings asbestos clearances following approved removal projects.
- Running 2,401 lead paint samples at 28 day care buildings in a pilot project in Montgomery County.

Voluntary septic tank certification program expanded to all counties

Because of the extent of septic tank usage in Alabama and the documentation of disease being spread through malfunctioning systems, the Division of Community Environmental Protection has focused in recent years on training, licensing, and bonding septic tank industry personnel. In May 1990 the Onsite Sewage Branch completed expansion of its voluntary certification project for septic tank installers, manufacturers, and pumpers to all counties statewide.

In addition the branch worked with the Alabama Septic Tank Association to prepare legislation which the association planned to introduce in the 1991 legislative session.

Onsite Sewage Disposal Conference earns statewide industry support

Alabama's first statewide Onsite Sewage Disposal Conference proved a success with across-the-board representation from private industry and government agency professionals throughout the state. The purpose of the conference is to provide the latest information to the providers of onsite sewage services on their respective areas of expertise and to clarify points of responsibility among the groups involved.

The conference is part of a joint onsite sewage disposal education project begun in 1989 with the Alabama Cooperative Extension Service. The goal of the project is to educate industry professionals and the public on how proper septic tank system installation and maintenance can prevent the illness, expensive repair, and inconvenience caused by system failure.

Based on the success of the first conference, a second conference was slated for 1991.

Constructed wetlands merit study

Space age research by NASA to recycle wastewater in space stations has led to a number of demonstration projects worldwide where acid mine drainage, stormwater run-off, animal wastes, and domestic sewage are treated by constructed wetlands. Aquatic plants in a rockbed provide aerobic treatment and filtration of the wastewater.

The Division of Community Environmental Protection sponsored two out-of-state trips for key public health environmental personnel to observe such systems first-hand. Almost 50 staff members were involved in the trips to Tennessee and Louisiana.

It is hoped that experience with these systems may lead to development of an efficient and cost-effective means of treating sewage onsite.

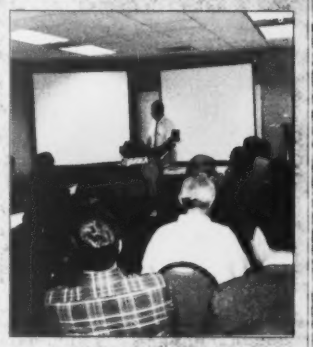
Educational/regulatory activities

Onsite Sewage and Program Compliance office records in FY 1990 showed:

- 89 septic tank manufacturers under permit.
- 15 public health environmentalists in six counties completing the requirements for certification as site evaluators.
- Six soil classes presented statewide with 53 participants.
- 39 new public health environmentalists successfully completing the training requirements for certification as onsite sewage system inspectors, bringing the total in the state to 164.

(Continued on page 32)

Onsite Sewage Branch/ Program Compliance Branch



The voluntary certification program for septic tank installers, manufacturers, and pumpers was expanded to all counties in 1990 to provide training on the proper installation and maintenance of septic tank systems. Malfunctioning septic tanks are a leading source of groundwater contamination, and almost 50% of Alabama homes are served by this method of onsite sewage disposal.

(Onsite Sewage activities continued)

- 318 private industry personnel attending voluntary certification courses at 11 locations in the state.
- 103 people certified under the voluntary certification program.
- 21 landfarming sites permitted in 11 counties.
- 10 alternative onsite sewage systems approved.
- 15 variances from the provisions of the onsite sewage rules approved.
- 21 aerobic sewage tank models approved for six manufacturers across the country.
- 94 school and other public building plans reviewed and 16 projects approved.

Solid Waste and Vector Control

An estimated 10,000 illegal dumpsites mar Alabama's landscape. The health department is working to increase public awareness of the need to support solid waste programs to protect the environment.

Health department helps local governments deal with solid waste problems

Throughout the year local governments around the state grappled with the growing problem of solid waste, which meant coping with the need for more landfills, dumpsite maintenance problems, and the sanitation hazards and clean-up expense of illegal dumpsites.

1990 solid waste and vector control activities included:

- Receiving 27 solid waste moratorium waiver requests; 13 of these were approved, six were denied, and the remaining were pending decision at year's close. The Solid Waste Moratorium bans the importation of any out-of-state waste and the creation of new landfills unless evidence is provided to the health department indicating the need for a waiver to avoid a potential health crisis from the lack of the proposed waste disposal site. The moratorium was made effective September 1989 for two years to allow time for Alabama to develop a new solid waste management plan.
- Assisting in the investigation and clean up of numerous solid waste dumpsites by participating in two county surveys. There are an estimated 10,000 illegal dumpsites in Alabama. With limited personnel to conduct investigations, one of the the health department's goals is to increase public awareness of the health hazards and expense of illegal dumpsites and to encourage people to notify the health department of any illegal dumping activities.
- Recording 240 vector-related complaints and queries. These included questions about mosquitoes, flies, rats, tick control and Lyme Disease, and bird and bat roosts, with environmentalists providing information, investigations, eradication, and clean-up assistance.

Quality assurance survey format revised

The Division of Food and Lodging Protection revised its quality assurance survey format during 1990. The surveys had been conducted on 17-24 month intervals and reported by public health area. With the new format, the division plans to conduct a quality assurance survey at each county annually. The information gathered will be presented to both area supervisory staff and county personnel.

Food Program activities FY 1990

Food Protection Program evaluations

- 21 program evaluations conducted in 17 counties.
- 1 public health area Food Protection Program evaluation performed.
- 1 statewide Food Protection Program evaluation performed.

Standardizations conducted

- 12 environmentalists standardized.
- 15 environmentalists re-standardized.

Food processing establishment inspections (FDA Contract)

- 147 inspections performed.
- 7 re-inspections performed.
- 44 food samples collected.

Retail frozen dessert (by counties)

- 2,435 retail frozen dessert establishments permitted.
- 10,329 retail frozen dessert samples collected.
- 73.9% statewide compliance recorded.

Food Processing activities FY 1990

- 147 FDA inspections conducted.
- 44 FDA samples collected.
- 175 food processing inspections (total) performed.
- 60 food processing inspections (joint) performed.
- 12 food processing inspections (new establishments) performed.

Two research projects with national significance to establish monitoring programs

The Seafood Branch, in conjunction with the Mobile Branch Laboratory and the Food and Drug Administration's Dauphin Island Research Laboratory, is engaged in two research projects of national importance. It is anticipated that these studies will provide a foundation for establishing a routine monitoring program for *Vibrio vulnificus* in market oysters and a routine monitoring program for dinoflagellates in Mobile Bay and its approaches.

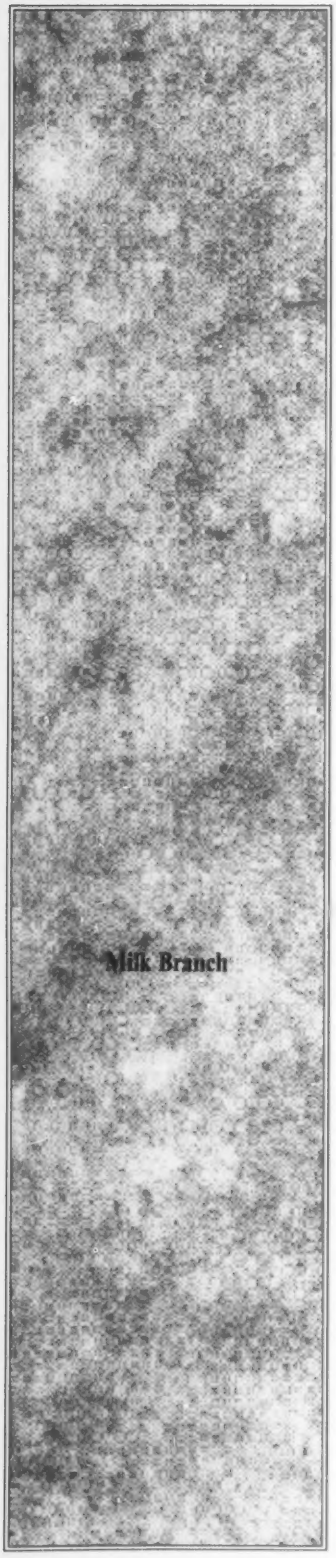
Division of Food and Lodging Protection

Food Branch

Food Program

Health department environmentalists must evaluate the several aspects involved in processing and serving food for public consumption. In this session of the Basic Environmental Training Course, a new staff member is taught how to inspect a dishwasher.

Seafood Branch



Seafood Branch inspection and sampling activities FY 1990

Oyster report

- 58 plants inspected.
- 222 inspections performed.
- 56 permits issued.
- 166 field visits made.
- 66 shellstock samples taken.

Crab report

- 27 plants inspected.
- 113 inspections performed.
- 20 permits issued.
- 109 field visits made.
- 86 crab meat samples taken.

Water report

- 118 bay water samples taken.
- 149 private water samples taken.

Additional data:

60 *Vibrio vulnificus* samples taken; 45 dinoflagellate samples collected; 4 bay oyster orders issued; 2 heavy metal oyster samples taken; 2 aquaculture projects conducted; 24 Medicaid laboratory surveys performed; 88 hours of training received; 9 hours of training provided.

Branch performs hundreds of inspections to ensure milk quality

Milk branch records in FY 1990 showed the following health protection activities:

Milk production permitting, testing, and inspection activities FY 1990

- 325 Grade A dairy farms permitted under the Alabama State Milk Rules for Grade A dairies.
- 14 manufacturing dairy farms permitted under Alabama State Milk Rules.
- 54 bulk milk tank truck drivers permitted under state rules.
- 1 farm equipment test; includes quarter testing of individual cows in whole herds (screening test for mastitis in individual cows, bulk tank milk, and other blended supplies).
- 2 dairy herd tests (California Mastitis Tests) performed; includes quarter testing of individual cows in whole herds (screening test for mastitis in individual cows, bulk tank milk, and other blended supplies).

- 1,659 onsite inspections of Grade A dairy farms conducted throughout the state. An average score of 93 was attained.
- 4,186 raw milk samples collected from dairy farm bulk tanks, tank trucks, and plant-commingled bulk tanks.

Milk processing

- 268 milk processing plants permitted for processing of Grade A and nongraded milk products under state rules (includes ice cream plants, cheese plants, container plants, and milk sheds).
- 133 pasteurization equipment tests performed. Includes testing of old and new equipment to meet requirements established by state rules. Also includes re-testing because of changes in equipment.
- 188 processing plant inspections conducted. Includes ice cream, cheese, and single-service container plants. An average inspection score of 91 was attained.
- 2,928 processed milk samples collected from onsite plant coolers, delivery trucks, distribution stations, and retail food outlets. Includes pasteurized milk, mixes, frozen desserts, and empty containers.
- 287 raw milk samples analyzed for aflatoxin.
- 82 processing plant environmental samples and pasteurized milk samples collected and screened for the presence of Listeria and Yersinia organisms.

Notices, plans, surveys, and other inspections

- 120 legal notices issued. Includes plants and dairies. Notices issued for violation of milk quality standards and maintenance cleaning of equipment and sites.
- 41 plans reviewed. Includes plans for new dairies and plants as well as remodeling and upgrading of existing facilities.
- 14 milk sanitation surveys conducted. Includes surveys, check ratings, and audits made by FDA inspectors and state personnel authorized by the same.
- 86 other inspections performed. Includes distribution stations, bulk milk haulers, tank trucks, abnormal milk supplies, and delivery trucks.
- 288 water samples taken from dairy facilities. Includes public and private water supplies from both dairy farms and processing plants.

A public health environmentalist inspects a pasteurization recording unit at a dairy farm.

State swimming pool rules completed

Lodging Branch

In February of 1990, a Swimming Pool Committee was formed to draft rules dealing with swimming pools in Alabama. The proposed rules are the first of their kind for the state and will address sanitation and safety for public swimming pools and spas. At year's end the rules were in the final state of adoption.

(Continued on page 36)

County Health department environmentalists are responsible for inspecting hotel and motel accommodations.

Training Branch

Lodging Branch activities in FY 1990 included:

Correctional facilities inspections FY 1990

- 15 medium and maximum facilities
- 13 minimum work release facilities
- 2 food warehouses
- 1 food processing establishment
- 1 employee food establishment (Three facilities were inspected prior to opening.)

Motel/hotel inspections

- 653 total statewide inspected.
- 2 complete area surveys completed:
  PHA 1—48 establishments inspected;
  PHA 6 South—36 establishments inspected.

Swimming pools

- Completed State Swimming Pool Rules.

First Annual Environmental Health Symposium held

In the fall of 1990, 178 public health environmentalists from across the state attended the first Annual Environmental Health Symposium. The meeting offered ways to improve professional development and the opportunity to discuss common environmental health problems and solutions.

Other Training Branch activities in 1990 included:

Basic Environmental Training Course

Thirty-one new public health environmentalists successfully completed the two-week Basic Environmental Training Course held in the spring and fall of 1990. The BETC provides environmentalists with an overview of existing environmental health programs and the training needed to carry out mandated environmental core services.

County-by-county training for food service professionals

A total of 589 food service professionals attended the 12-hour Food Service Sanitation Program delivered by the Division of Food and Lodging Protection training officer.

Out-of-state training offers updates on issues

Out-of-state training courses on a variety of subjects were conducted for eight Food and Lodging Division employees to give updates on changing issues and to provide staff with the necessary knowledge and training to provide environmental services to the public.

Radon testing in 19 counties underway

X-ray and other equipment inspections continue to increase

The Division of Radiation Control receives its authority from Title 22, Chapter 14, Code of Alabama. This authority designates the State Board of Health as the State Radiation Control Agency and authorizes the agency to regulate all ionizing radiation uses. In 1966, Alabama became an Agreement State with the U.S. Atomic Energy Commission, now the U.S. Nuclear Regulatory Commission. As the State Radiation Control Agency, the division conducts a regulatory program for X-ray users and radioactive material users; monitors the environment; and prepares for emergencies involving radiation.

Activities of the division in 1990 included the following areas:

Radon

A naturally occurring radioactive material that is present in Alabama and contributes to the average exposure of the public is radon. This is a gas that is colorless and odorless but is radioactive. Based upon the U.S. Environmental Protection Agency guidelines about 7.3% of the homes in Alabama may need some remediation to reduce radon levels. This radon originates from the uranium naturally present in the soil. The agency has suggested that residents of 19 counties in Alabama test their homes for radon. In addition, pursuant to a contract with the U.S. Environmental Protection Agency, the division is testing schools and public housing in these counties.

Radioactive materials and particle accelerators

As of Sept. 30, 1990, the division had issued 460 specific licenses to use radioactive materials. In addition, 28 Notices of Registration for particle accelerators were in effect as of Sept. 30, 1990. Since 1980 there has been an 18% increase in the number of licensees.

The division inspected 132 licenses in FY 1990. Of these, 34 were in compliance with all of the regulatory requirements. In addition, eight particle accelerators were inspected with six in full compliance.

X-ray equipment

The following data applies only to the areas of Alabama outside of Jefferson County. Jefferson County voluntarily maintains an X-ray regulation program.

As of Sept. 30, 1990, approximately 20% of the X-ray facilities were overdue for inspection. The number of X-ray machines registered has increased by 51% since 1980. This increasing workload and staff turnover contributed to the increase in overdue for inspection.

Emergency planning and environmental monitoring

The division monitors the area around the operating nuclear power plants and around other facilities which may release radioactive material to the environment. During FY 1990 some 947 samples were collected and analyzed.

BUREAU OF CLINICAL LABORATORIES

BCL continues leadership in developing innovative and cost-effective programs and procedures

The Bureau of Clinical Laboratories (BCL) has earned a national reputation for the development of innovative and cost-effective programs and procedures. It maintained that reputation in 1990 with several accomplishments, including:

Administration

- Upgraded the Microbiologist series specifications; included an increase in the salary ranges for all classes in the series to make them more competitive with the private sector.

Administrative Support Services Division

- Instituted the $5 stamp program to private health care providers and assumed the responsibility of distributing the stamps.

Microbiology Division

- Recorded a 63% increase in the number of specimens tested for Lyme disease.

Parasitology Section

- Received a request to serve as a reference laboratory for New York City proficiency testing.

General Microbiology Branch

Enteric Section

- Engaged in the development of a medium which will support the viability and transport of more than one enteric organism at a time, such as Salmonella, Shigella, Campylobacter, and Yersinia species. As of 1990 two to three media had to be employed for transportation of these organisms, and media suggested for use in the literature would only support three of the four organisms successfully. Therefore, the Enteric Section developed its own transport medium. The medium was successfully tested in-house under various conditions for a period of six months. The section planned to begin field trials of the transport medium. The section also performed parallel studies on several commercial enteric kits for the detection of Salmonella and Shigella in order to seek a faster turnaround time for reporting these organisms. Further study is needed before a conclusion can be made on the effectiveness of these kits.
- Began a study for the prevalence of Campylobacter species in the counties of Alabama. This study will help determine the need for BCL initiation of a Campylobacter program.

Rabies Section

- Conducted with the assistance of the regional laboratories a parallel study of the Centocor FITC Anti-Rabies Monoclonal Globulin. The study compared the Centocor conjugate using the rabies absorbing suspension (RAS) versus the conjugate using phosphate buffered saline (PBS). The study indicated that the use of the PBS as an alternative would be advantageous, particularly in cost effectiveness. The savings would be approximately $11,393 in supplies and personnel for a one year estimation. Plans at year's end included inititating the use of the PBS in the near future.

Clinical Services Branch

- Experienced a 60% increase in clinical chemistry specimens over FY '89.
- Experienced a 132% increase in routine urinalysis specimens over FY '89.
  Tested 5,010 blinded urine specimens from statewide county health department family planning and maternity clinics in a special study to assess the prevalence of drug use among these patients.
- Acquired new personnel, instrumentation, and methodology to support increased testing.

Respiratory Disease Division

- Continued to research the many new innovations in the rapid identification of mycobacteria developed in the last few years. These new techniques are providing faster identification

for mycobacteria. In 1990 the BCL was using DNA probes to identify cultures of mycobacteria but anticipating a switch to High Performance Liquid Chromatography (HPLC). The Alabama laboratory will be one of the first in the Southeast to use the HPLC method.

Various companies are researching methods of identification of mycobacteria directly from clinical specimens. The identification of organisms directly from clinical specimens would truly be a great tool in the fight against tuberculosis. This is an area in which the Alabama laboratory is most interested and is staying abreast of all new developments.

New DNA probes are also becoming available for the identification for the major systemic fungal pathogens. At year's end the BCL was hoping to begin using these probes within the next few months. This will greatly aid in the time required for the identification of these fungi.

Serology Division

Performed a maternal HIV-1 antibody detection identification study in Jefferson County.

Began newborn HIV-1 seroprevalence study.

Offered hepatitis testing to high risk maternity patients and their contacts.

Instituted measles IgM and IgG testing for the Epidemiology Division.

Began automation of the newborn screening program. This project will serve as a model for other automation of laboratory reports.

Scientific Services Division

Realized a slight increase in the Urine Program and increased automation with the purchase of a Pouramatic dispenser and microwave heating unit to prepare agar media.

Birmingham Division

Experienced a significant decrease (25%) in the numbers of GC specimens for FY '90 as opposed to FY '89. This was due to the implementation of the fee system for private providers. Interestingly enough the numbers of confirmed PPNG positives increased by 275% for this same period.

The numbers of all other specimens and their positivity rates remained approximately the same.

Decatur Division

Realized an 866% increase of confirmed cases of PPNG in Public Health Area 1.

Dothan Division

Completed Medicaid certification with no deficiencies.

Began HIV-1 testing in May.

Recorded an increase of 54% in specimen workload.

Mobile Division

Started Group A streptococcus culturing September 1990 for health department clinics.

Conducted research project with FDA consisting of shellfish testing for *Vibrio vulnificus*. *Vibrio vulnificus* has been known to cause illness and death within certain risk groups of the population consuming raw shellfish harvested from waters considered to be approved. This has been a problem nationwide. The objective of this project is to develop a rapid test for the organism to determine the condition of oysters coming into the state and those being shipped to other states. No state has implemented *Vibrio vulnificus* testing for regulating oysters being consumed by the public. This pathogen is present in raw gulf coast oysters approved for human consumption by current standards.

Conducted a research project for the identification of dinoflagellates in shellfish waters. Dinoflagellates and marine biotoxins are of growing concern to the seafood industry, federal agencies, and the regulatory agency of this state. The Food and Drug Administration requires that states considered to be "at risk" for Red Tide have an approved testing method in place. As of year's end a monitoring program did not exist in Alabama. The objective of this project is to develop a program for sampling, identification, and enumeration of dinoflagellates in oyster growing waters. Biotoxins produced by these organisms are becoming an increasing threat to the public.

CENTER FOR HEALTH STATISTICS

New Electronic Birth Certificate will save time, increase accuracy

During the past year, the Center for Health Statistics began working on an Electronic Birth Certificate (EBC) for Alabama. The EBC is a software package that is used on a microcomputer by hospital personnel to enter information necessary to complete a birth certificate. The EBC has precoded items such as the name of the hospital, address, doctor's names and addresses, and so forth, that staff do not have to type over and over—they just enter the code. Also, if a mistake is made, the whole certificate does not have to be re-typed. A correction can be made on the computer screen, and a new copy printed.

The EBC will make filing of birth certificates easier for hospital personnel. Also, the information keyed by hospital staff will be placed on a diskette and transmitted to the Center for Health Statistics to eliminate the need to re-key information when the birth certificate is filed with the center. In addition to saving time for hospital personnel, the EBC will save many hours of center staff time.

Other Center for Health Statistics accomplishments in 1990 included:

- Answered approximately 3,000 requests for statistical information and/or provided assistance in statistical analysis.
- Provided Alabama vital event data to the National Center for Health Statistics for inclusion in national statistics.
- Provided computerized birth certificate information, at the request of parents, to the Social Security Administration for issuance of social security numbers to 49,200 newborn Alabamians.
- Provided computerized death information to several public and private agencies including the Social Security Administration to prevent fraudulent payments.
- Provided statistical support services to other department projects, especially in the maternal and infant health area.
- Revised the birth certificate to include several new items on source of health care and to move statistical information about the parents to the confidential section.
- Revised the marriage and divorce certificates to delete items that were not currently used for statistical analysis.
- Continued to work with the Health Information Systems Branch to revise all vital record computer systems to improve ease of use.
- Revised Alabama perinatal data for 1980-1988 for inclusion in Region IV Network for Data Management and Utilization (RNDMU) and participated in a program at their workshop on the uses of these data.
- Revised the Perinatal Book to include data of use to local health departments.
- Published a book, *Trends in Births and Infant Deaths, 1980-1988*, graphically comparing Alabama to Region IV and to the United States for various maternal and infant health factors.
- Planned a study on automating the storage and issuance of certified copies of vital records.
- Had written policies and procedures for the collection, completion, issuance, and correction of vital records approved as Rules of the Board of Health.
- Presented 10 seminars to local health department staff, hospital personnel, funeral directors, and coroners on the proper completion and filing of vital records.
- Began working on new Alabama Vital Statistics Law to replace the current law.
- Obtained personal computers for staff to expand capabilities in statistical analysis, to improve work output, and to facilitate correspondence and communication with the public.
- Expanded the Field Program to improve the flow of records from the local areas to the center so that better service can be provided to the public and statistical data can be made available sooner.

Alabama's Leading Causes of Death 1988 and 1989

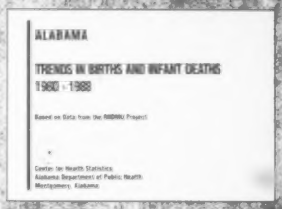
1989			Cause of Death	1988		
Rank	Number	Rate		Rank	Number	Rate
—	38,924	—	Total All Causes	—	39,077	—
1	13,118	309.3	Diseases of the Heart	1	13,211	314.9
2	8,618	203.2	Malignant Neoplasms	2	8,502	202.6
3	2,905	68.5	Cerebrovascular Diseases	3	2,939	70.0
4	2,186	51.5	Accidents	4	2,165	51.6
5	1,417	33.4	Chronic Obstructive Pulmonary Diseases & Allied Causes	5	1,454	34.7
6	1,241	29.3	Pneumonia & Influenza	6	1,165	27.8
7	724	17.1	Diabetes Mellitus	7	777	18.5
8	713	16.8	Diseases of the Arteries	8	822	19.6
9	516	12.2	Suicide	9	497	11.8
10	512	12.1	Homicide	10	473	11.3
—	6,974	—	All Other Causes	—	7,072	—

NOTE: Cause-specific rates are per 100,000 population.

1989 Vital Statistics Records

Estimated population	4,241,653
Births	62,530; Rate 14.7
Deaths	38,924; Rate 9.2
Marriages	43,158; Rate 10.2
Divorces	24,985; Rate 5.9
Adoptions	2,371
Legitimations	4,426
Infant Deaths	756; Rate 12.1
Induced termination of pregnancy, women under age 18	1,741
Certified copies of vital records issued	237,043
Noncertified copies of vital records produced	8,137
Seminars	10
Participants	350
Number of records microfilmed	3,924,231

NOTE: All rates are per 1,000 population except for infant mortality which is per 1,000 live births.



The Center for Health Statistics publishes several vital events books for public and professional use.

OFFICE OF HEALTH PROMOTION AND INFORMATION

Division of Health Promotion

Disease Prevention Branch

The Disease Prevention Branch participates in several tobacco use prevention activities that target a broad range of population segments, from children to community and state policymakers.

Disease prevention activities expanded

As evidence has continued to mount linking lifestyle and environmental factors with each of the 10 leading causes of death, the Alabama Department of Public Health has expanded its efforts to provide policymakers and the public with information that is important in making health-related decisions at both the programmatic and personal levels.

As part of these efforts, the Division of Health Promotion was established in 1990 with two subunits, the Disease Prevention Branch and the Surveillance Branch.

Branch targets risk factors

Disease Prevention is the unit assigned to emphasize the prevention of tobacco use and alcohol abuse; therefore, it has developed that component of the health department's strategic plan and has implemented related programs. The branch also oversees cholesterol screening/nutrition education programs and other health promotion/disease prevention initiatives.

Community support of smoking restriction ordinances grows

Substantial progress was made in 1990 in protecting non-smokers from the harmful effects of tobacco by restricting smoking in public places. Several cities implemented local smoking ordinances. Montgomery successfully implemented its new policy, and Madison, Tuscaloosa, and Eufaula passed new ordinances. These cities joined Birmingham, Mobile, Huntsville, and Chickasaw which had already implemented smoking restriction policies. At year's end the Prattville city government was considering such an ordinance.

The staff also assisted Auburn, Jackson, Prattville, Valley, and Wetumpka in their efforts to pass a no-smoking ordinance. At the end of FY 1990 all of these were pending.

Other tobacco use prevention activities in 1990 included:

- Conducting smoking cessation clinics and training those who conduct the clinics. Branch staff used cessation programs of the voluntary health agencies in these clinics.
- Surveying the voluntary health agencies and a number of hospitals in determining the extent of smoking cessation programs.
- Coordinating activities for the department employee health and fitness day; presenting health messages at schools, worksites, health fairs, and hospitals; distributing signs, pamphlets, posters, and booklets; and extending the audience by using the media.
- Participating in the Coalition for a Tobacco Free Alabama, Smoke Free Class of 2000, and Coalition for a Tobacco Free Chambers County.
- Continuing to coordinate the Governor's Health Education Awards Program. The program's goal is to improve community health involvement and to recognize outstanding health education efforts in Alabama communities.

Disease prevention demonstration projects continue

Disease Prevention continued to oversee the Planned Approach to Community Health (PATCH) projects and the Community Chronic Disease Prevention Program (CCDPP) demonstration projects in Chambers and Greene counties. The Chambers County emphasis is tobacco use prevention and control. Greene County targets cardiovascular disease and cancer prevention by combating high cholesterol levels, obesity, hypertension, sedentary lifestyle, and tobacco use. A walking program was added to the cholesterol screening/nutrition counseling, hypertension screening, and aerobics programs to achieve the objectives.

Alabama ranks #1 in surveillance quality control standards for fourth consecutive year

In 1990 the department's Behavioral Risk Factor Surveillance System Survey (BRFSS) was once again recognized by the Centers for Disease Control (CDC) for its outstanding performance. Of the 40 participating states in the nation, Alabama ranked first for all quality control standards, an honor earned for the last four years. Funded by the CDC, these surveys are conducted by telephone to collect information on health risk factors which play a significant part in the 10 leading causes of death in both Alabama and the U.S.

The Risk Surveillance Branch also conducts surveys for the department to provide data for planning and evaluating various public health programs. In addition the branch provides assistance to other agencies to guide in the development, implementation, evaluation, and analysis of surveys.

Department program surveys conducted in 1990 included sickle cell anemia post-test; knowledge and behaviors of an "at risk" population for AIDS; assessment of smoking policies in area eating facilities; assessment of public school policy for use of tobacco during school and at school functions by students, faculty, and staff; assessment of smoking cessation programs provided in county health departments; and comments of county health department patients and visitors.

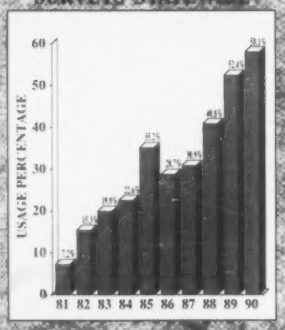
Alabamians' Health Risk Behaviors

Findings of the BRFSS for 1989 produced the following estimates of the prevalence of health risk factors among the adult population. Percentages are based 1,805 interviews completed in 1989:

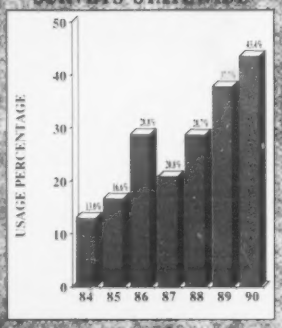
- 22% reported currently smoking.
- 21% reported having ever been told they have high blood pressure.
- 48% reported ever having their blood cholesterol checked.
- 24% reported being at or above 120% of ideal weight.
- 59% reported a sedentary or irregular activity level.
- 49% reported walking to be their primary source of physical activity.
- 9% reported acute drinking (having five or more drinks on an occasion).
- 2% reported chronic drinking (an average of 60 or more drinks in one month).
- 2% reported driving after having too much to drink (one or more times in one month).
- 21% reported using seatbelts seldom or never.
- 75% reported visiting a doctor for a routine checkup within the past year.
- 31% of the females reported having a mammogram within the past year.

Injury Prevention Branch

CHILD RESTRAINT SURVEYS STATEWIDE



OCCUPANT RESTRAINT SURVEYS STATEWIDE



Occupant restraint usage continued to increase as a result of public education efforts and enforcement of Alabama's child restraint law.

Programs address leading cause of death among children/young adults

Unintentional injuries are the fourth leading cause of death in Alabama. But among our state's children and young adults, injury claims more lives than the other three leading causes of death—heart disease, stroke and cancer. For Alabama's youngest citizens, unintentional injuries which include motor vehicle crashes, falls, fires, and drownings, are responsible for the most productivity losses, medical and rehabilitation costs, and needless injuries and deaths.

In 1990 the Injury Prevention Branch began implementing its strategic plan, developed to address unintentional injuries. Because traffic injuries are responsible for over 50 percent of injury-related deaths in Alabama—1,028 people in 1989—the branch continued its Occupant and Child Passenger Safety programs. The programs operate with funding from the Office of Highway and Traffic Safety in the Alabama Department of Economic and Community Affairs.

1990 Passenger Safety Program activities included:

- Developing and implementing the Alabama Child Restraint Yellowhammer Pilot Program, designed for grades K-2 and featuring an animated version of the state bird urging preschoolers to buckle up.
- Conducting bi-annual surveys to determine safety belt and car safety seat usage statewide and publishing the results for the public.
- Conducting several child restraint and safety belt promotional campaigns throughout the state: mall exhibits; buckle-up incentive items; press releases and PSAs; and the second annual "Buckle-Up, Alabama!" poster contest for elementary and middle school students. Approximately 12,000 students from 189 schools participated. A safety coloring book was made from the winning poster.
- Providing passenger safety information and education through public speaking and distribution of printed materials to schools, law enforcement officials, civic and community organizations, and state and private agencies.
- Conducting a car seat promotion providing discounts on car seats and information on buying and correctly using child safety seats.
- Conducting a statewide survey of Alabama businesses employing over 100 employees to determine the percentage of companies with safety belt usage policies for employees.

1990 injury prevention activities in other areas included:

Safe Kids

- Providing through the Alabama SAFE KIDS Campaign several injury prevention programs, including distribution of anti-scald devices and smoke detectors to low-income families as an effort to prevent fire deaths and injuries; bike helmet promotions with coupons offering discounts on helmets and instruction on proper biking protection attire; fireworks safety; water safety; baby safety; toy safety; traffic safety; and Halloween safety.

Defensive Driving Courses

- Certifying staff to present defensive driving courses for all public health employees to reduce motor vehicle injuries and deaths.

Consumer Product Safety Commission

- Continuing to serve as the state liaison for the Consumer Product Safety Commission. Activities included providing information on a timely basis concerning unsafe products, conducting recall effectiveness checks, ATV (all-terrain vehicles) surveillances, and in-depth investigations of product-related injuries.

Branch created to meet demand for increased audiovisual services

In order to meet the ever-growing demand for audiovisual services, the Education Support and Development Branch was created to expand the audio, visual, and video production services for health department public information and educational media programs. The new branch enables the department to produce professional quality in-house video programs aimed at increasing visibility of important public health issues. Broadcast quality video equipment and sophisticated production techniques are used to produce public service announcements, documentaries, training, and educational health videos.

In addition, the branch continues to work with health department offices throughout the state to provide visual aids; training materials; technical services for conferences, meetings, and training sessions; and arrangements for television talk show interviews.

1990 activities included production and distribution of:

- Monthly radio public service announcements
- Television public service announcements
- Television health information for news programs
- Billboard advertising
- Health videos for county health departments
- Telephone health messages

State-of-the-art equipment acquisitions help fill need for rapid, cost-efficient graphic services

During 1990 the Graphic Communication Branch obtained new equipment to meet the constantly increasing demands for rapid, high-quality, cost-efficient graphics services.

A new imagesetter has allowed typesetting of forms and publications to be set on paper or film. Among the other acquisitions was printing equipment that gives the branch in-house capabilities that will result in faster turnaround time. At year's end the copier was running approximately a million copies a month.

Services provided by the Graphic Communication Branch in 1990 included:

3,163 pieces of typesetting

8,073 pieces of artwork illustration

8,040 pieces of photography

19,321,613 printing impressions

$646,670.69 in printing costs

Educational Support and Development Branch

Graphic Communication Branch

New printing equipment gives the health department in-house capabilities and faster turnaround time.

Information Branch

Health care cost the American people an estimated $600 billion during 1989. This figure is projected to reach $1.5 trillion by the year 2000. These expenses can and must be cut through health prevention activities.

In the competitive, resource-constrained environment of the '90s, it is essential that public service organizations utilize the tools of social marketing to shape and direct cost-effective health messages for maximum impact on policymakers, health professionals, and the public.

Social marketing component added as management tool to enhance effectiveness of health messages

In the competitive, resource-constrained environment of the '90s, it is imperative that public service organizations recognize that social marketing is a necessary management tool for reaching the various potential "buyers" of important information.

To enhance the effectiveness and cost-efficiency of the department's health messages, in 1990 the Information Branch expanded to include a social marketing component. This component will be responsible for applying marketing methodologies to information, education, and promotion activities. These concepts include market segment identification and selection, product service positioning, environmental and competitive analysis, consumer behavior, and promotion mix.

Other accomplishments of the Information Branch in 1990 included:

- Continuing to coordinate department media activities, including writing news releases and public service announcements and arranging press conferences and interviews for other department units. In FY 1990 the branch distributed 4,808 news releases statewide.
- Initiating development of marketing strategies for promoting county health department services to Medicaid patients.
- Incorporating a marketing plan into the department's worksite wellness program at Wehadkee Yarn Mills.
- Creating a brochure on the department's occupational health clinics to be used by the Alabama Development Office for recruiting industry to the state.
- Developing a direct mail brochure to be sent to graduating medical students nationwide promoting Alabama as a medical practice opportunity.
- Developing an advertisement on public health nursing in Alabama for a leading professional health recruitment magazine.
- Contributing to the "Talking with Your Child About Sex" tabloid for the *Montgomery Advertiser-Journal* in cooperation with the United Way.
- Working with WIC on a breastfeeding promotion campaign, which included commercials and billboards.
- Developing public information awareness materials for several programs, including disease control, family health, and environmental and health service standards.
- Serving as publicity coordinator or assisting with planning for several annual conferences, including the Governor's Conference on Drug Awareness, the Alabama AIDS Symposium, the EMS Conference, and the Onsite Sewage Conference.
- Developing plans for the Alabama Health Objectives 2000 Conference and document.
- Serving as publicity coordinator for the Alabama Diabetes Advisory Council and providing diabetes awareness education and support base development services for the council and the Diabetes Control Program.
- Coordinating publicity and providing materials for the domiciliary care public meetings.
- Providing conference display and meeting materials and arranging exhibit space.
- Publishing *Alabama's Health*, the department's monthly news and feature magazine; *Alabama Health Briefings*, a monthly newsletter on department initiatives sent to government, community, and health care leaders; and the annual report and calendar.
- Filling approximately 4,900 film requests from the film library with reported viewers totaling 147,000.
- Compiling monthly summaries of State Committee of Public Health meetings.
- Compiling quarterly data sheets for counties upon county request. These are based on county activity reports as furnished to the Office Management Services.

Public health facilities bond issue provides vital landmark funding

With its approval of the Public Health Facilities Bond Issue, the Alabama Legislature passed landmark legislation to provide vital funding for the modernization of county health department facilities.

The $45 million bond issue monies will bring county health departments throughout the state in compliance with an approved set of standards for adequate facilities.

The standards were developed based on the input and assistance of administrators at the county level and were designed to meet current expansion needs and provide space for future growth.

The distribution of funds will be based on the results of a statewide needs assessment survey conducted in 1989 on buildings and equipment.

Building needs addressed to accommodate state-level staff growth

State-level staff in Montgomery has outgrown the two office buildings designated for the health department, resulting in cramped work space and personnel spread out in four outlying facilities. This hampers efficiency and makes communications cumbersome.

In 1990 the Office of Capital Expansion initiated planning to relocate staff in the State Office Building to temporary quarters so that the building could be renovated to provide more cost-efficient and effective space.

Model disaster relief team formed following massive flood relief effort

After the flood hit south Alabama in the spring of 1990, cries for help came quickly to public health officials. What was safe to eat and drink and keep and what was not? What about infections from injuries? What if snakes and rats were found hiding in closets and cars?

The disaster prompted extensive relief efforts by health department personnel throughout the state.

Going above and beyond the call of their regular responsibilities, health department staff manned emergency shelters, provided transportation for the sick and the elderly, directed traffic, helped sandbag the Geneva levee, participated in the enormous clean-up effort, and collected and distributed donations.

As for the Elba branch of the Coffee County Health Department, all that could be salvaged was 15 plastic chairs, and again public health employees statewide rallied, this time to assist their fellow workers in relocating.

The crisis as it affected both the public and health department services and personnel was instructive in the health department's formation of a disaster response team immediately following the flood.

All areas of employee expertise were called upon to design a plan that addressed everything from paperwork to communications to first aid and food safety. Emphasis was placed on a coordinated effort by national, state, and local groups.

The plan, which will undergo continued evaluation and revision as needed, should serve as a model of disaster preparedness in Alabama and in other states as well.

CAPITAL EXPANSION

"No other state as far as we know has passed a bond issue to provide buildings and equipment for needed health department services. This innovative financing shows the commitment by our legislators to improving the condition of county health department facilities to ensure the most cost-efficient and effective services possible."

State Health Officer
Dr. Earl Fox

"A disaster such as the 1990 flood in south Alabama tests the commitment and resourcefulness of the public health system. Health department personnel can be proud to have been a major part of the community spirit that swept through the state with as much force as the flood did. In the years to come, this disaster will be remembered as much for what it brought out in kindness, courage, and strength as for what it took away."

H.E. Harrison
Staff Assistant to the State Health Officer

GENERAL COUNSEL

General Counsel counts winning precedent-setting Supreme Court case among many victories

Attorneys and staff of the Office of General Counsel had a productive year in 1990. They won a major Supreme Court case that set a precedent in Alabama concerning AIDS, prisoners, and the "Right to Know Act." They also were successful in getting radioactive waste cleaned up in Shelby County through several lengthy legal maneuvers.

Department attorneys also assisted in defending the Chem Waste lawsuit against the State of Alabama involving the bond issue that the Legislature passed to fund new county health buildings. At the close of the year, that case was still pending, awaiting a ruling from the judge.

Other 1990 legal activities included:

- Successfully prosecuting dozens of WIC cases in which store owners were found to be in violation of federal and state laws.
- Successfully prosecuting sexually transmitted diseases cases, bringing transgressors in line with testing and treatment laws.
- Handling numerous personnel, environmental, emergency medical services, and administrative cases.
- Processing hundreds of departmental contracts for review before the Contracts Review Permanent Legislative Oversight Committee.
- Processing numerous departmental rules for issuance to the public.
- Rendering numerous formal and informal opinions including Attorney General opinions.
- Advising county personnel on records release and other confidentiality matters.

HEALTH INFORMATION SYSTEMS BRANCH

Automation projects make better management of funds, workload possible

The Health Information Systems Branch provided a model of data systems development and work output in 1990. During this time the branch recorded the following accomplishments:

- Began testing on the Alabama Clinic Level Automation System (ALACLAS), developed by Health Information Systems, at the pilot site in Autauga County.
  ALACLAS will:
  - Automate the Family Health Encounter Form and eliminate the need for turnaround documents by providing on-line edits.
  - Provide county health departments with current data which will enable them to produce management reports on a timely basis.
  - Produce more accurate and timely data which will speed up the billing and payment process.
- Conducted testing on the new Home Health System, purchased from Home Care Information Systems, in Coffee County. This system will automate the Home Health billing process and provide timely, accurate management reports. Statewide implementation of the system is slated for the spring of 1991.
- Implemented the Local Government Financial System (LGFS) Release 11 upgrade in September 1990. This release resulted in Health Information Systems modifying over 100 programs to the department's Cost Accounting System.

- Wrote more than 50 programs since April 1990 to implement the Government Human Resources System (GHRS).
- Continued high-level output in Health Information Systems' Data Center annual workload, producing over 260 million keystrokes in the Data Center, processing over 78,000 jobs, and producing over 144 million print lines.
- Provided IBM System 36 hardware, software, and support in the automation of clinic activities to the Montgomery Primary Health Care Center.
- Trained over 500 state and county level health department employees in personal computer use and software applications.
- Purchased over $750,000 worth of computer equipment for use at the state and county level as part of Health Information Systems' effort to provide automation to the health department.

District auditing concept implemented

The purpose of the Office of Internal Audit is to safeguard against the loss of time, money, and quality in the administration of department programs by reviewing and appraising the effectiveness and application of various accounting, financial, and other operating controls and making recommendations for operating improvements in these areas.

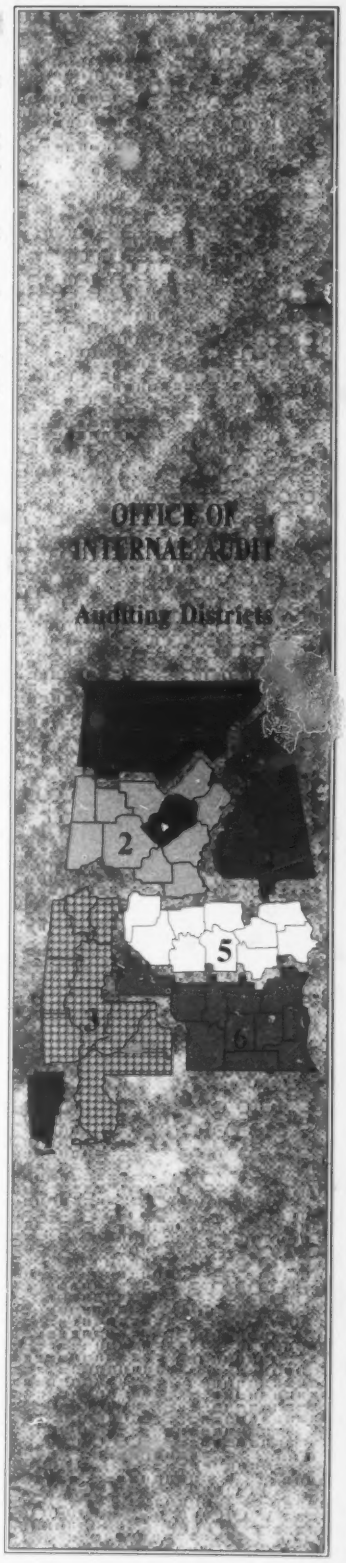
Activities of Internal Audit in 1990 included:

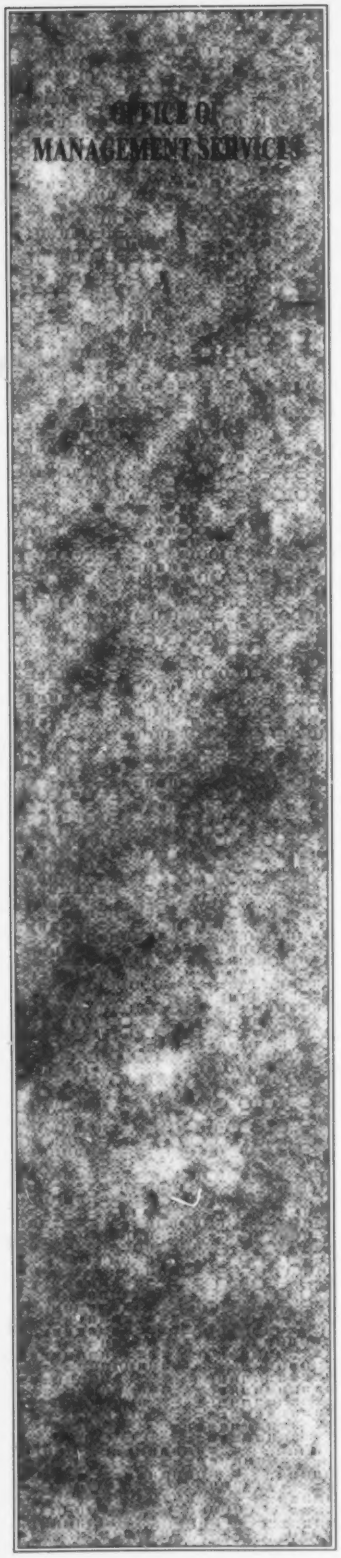
- Implementing the district concept by assigning districts totaling 21 counties to two auditors.
- Auditing 18 county health departments.
- Assisting various other department personnel by researching, explaining, and interpreting statutory and departmental regulations.
- Coordinating the revision of the manual used in the statewide fee system.
- Participating in workshops training county level personnel in the fee system.
- Assisting examiners from the Department of Examiners of Public Accounts with audit of the Department of Public Health by obtaining information and data as requested.
- Participating in all exit conferences of all audits of the department.
- Participating in budget hearings.
- Monitoring activity in Child Restraint Loaner Rental Programs.

Audits to be increased

The Office of Internal Audit has budgeted to increase audit staff to capacity in order to audit every county health department at least once each year. In addition, the county cost accounting time sheets have been added to the activities being audited in each county.

Additionally, audits of the central office will be developed and expanded.





Innovative programs developed to meet diverse needs of public health

Developing management plans for an organization as large and diverse as the Alabama Department of Public Health is an ongoing challenge. To meet the department's many needs and to keep pace with changes in the private world of medicine and business, the Office of Management Services utilizes leading state and national management practices in developing innovative programs tailored to central and county public health offices. It also serves as a policy/procedures clearinghouse and provides grant identification and application assistance.

1990 Management Services accomplishments included the following:

- Produced departmental Operations Plans for 13 public health problems in the areas of Family Health, Disease Control, Health Maintenance/Promotion, and Environmental Health.
- Conducted a strategic planning retreat where over 100 state, area, and county employees assembled to evaluate departmental strengths, weaknesses, and opportunities and to identify threats to the public's health and high priority initiatives. The meeting was conducted by departmental staff with assistance from the UAB School of Public Health.
- Conducted management reviews of four county health departments plus one follow-up review.
- Established Policy Clearinghouse. The purposes of the clearinghouse are to improve communications, identify duplication and potential conflict with existing policies or procedures, and create a central file for all policy/procedure changes. By December, 44 policies had been reviewed and cleared.
- Provided central housing of all programmatic policies and procedures plus copies of all generally distributed correspondence.
- Formed policy study group at the end of FY 1990. Began looking at issues related to consents and releases of information.
- Organized/coordinated reviews by the Department of Archives and History of records used by state, area, and county health departments. This review will eventually include all records used by the Department of Public Health. A data base of record retention schedules is planned for distribution in FY 1991.
- Completed training for new Unified Medical Records (UMR) system, including training in UMR-related areas to state WIC staff. This system is monitored and modifications are made on an ongoing basis.
- Loaded Patient Flow Analysis (PFA) program into all area office computers and trained key area staff on it.
- Developed Clerical Staffing Guide to determine clerical needs in service site.
- Developed and distributed Clerical Orientation Manuals for local office clerical operations.
- Initiated clerical study to create new classifications for area clerical directors and county office managers.
- Developed a monitoring system for clinic appointment waiting times in all clinics with the goal of providing appointments within 10 working days of request.
- Co-sponsored first clerical retreats for all health department clerical and support personnel.
- Provided grant workshops for state-level program managers and area managers. Topics included locating possible funding sources; developing a winning proposal; and complying with federal requirements for assurances, certifications, and reporting.

Identified 122 public and private grant possibilities from Oct. 1, 1989-Sept. 30, 1990. Of the 45 grants and cooperative agreements in effect during this time, the department operated 25 programs from $461,207 in private foundation grants and approximately $68 million in federal grants, cooperative agreements, and contracts. Of these, one was a new grant and 44 were continuations from the previous year.

Revised guidelines for sex offenses project so that awards will be made biannually on a competitive basis. This project is a component of the Preventive Health and Health Services Block Grant. Eligible applicants are public and private non-profit, community-level agencies which can demonstrate organizational stability as well as effective provision of prevention activities and services to victims of sex offenses.

PERSONNEL AND STAFF DEVELOPMENT BRANCH

Automated payroll/personnel system implemented

uring 1990 Health Personnel completed conversion of the department's semi-automated and manual personnel and payroll files to the integrated, automated Government Human Resource System (GHRS). The new system is designed to reduce the flow of paperwork and provide more timely and extensive payroll and personnel data for decision making.

Employee relations expands staff, services to meet need for employee support and guidance

The Employee Relations Office expanded its staff and services in FY 1990 due to the increase in complaints, grievances, and overall demands for support and guidance.

During the year the office also collaborated with the Bradford Treatment Center and the department's Training Branch to implement policies and procedures and establish training and orientation programs to educate the administrative staff and their personnel on the availability and benefits of the program. This effort is part of the Employee Assistance Program (E.A.P.), a program designed to provide support and assistance by referrals for employees whose work performance and/or quality of life as a whole is being adversely affected by personal problems such as substance abuse, mental/emotional stress, family troubles, financial problems, or personal or family health problems.

In addition to these efforts, the Employee Relations Office recorded the following activities:

Through the counseling provisions of progressive discipline, 66 complaints involving employees were administratively resolved and/or corrected.

Eighteen employees received help through the Employee Assistance Program with referrals for professional assistance as needed.

Fifty-one employees were provided appropriate due process in personnel actions that included nine terminations; four suspensions; eight letters of reprimand; two transfers within the agency; 14 resignations with counseling; 11 resignations in lieu of termination; one retirement in lieu of termination; one disability retirement with counseling; and one reassignment of duties.

(Continued on page 52)

PUBLIC HEALTH NURSING SECTION

As part of its recruitment program, the Public Health Nursing Section ran the above advertisement in a leading health professional magazine.

(Health Personnel continued)

1990 Health Department Personnel

	Number of Employees	Percent of Total Employees
State level merit system:	2,185	68%
County level merit system:	1,021	32%
Contract employees:	979	

The health department continued its success in minority recruitment, as the following figures reflect, and has increased the percentage of minority personnel from a total of 29.67% in 1989 to 35.65% in 1990.

1990 Minority Employment

	Health Department	Alabama Labor Market
Total	35.65%	22%
Clerical	29.82%	15%
Professional	14.99%	12%
Management	10.09%	7%

Competitive hiring and updated management model to enhance nursing operations

During 1990 the Public Health Nursing Section continued personnel recruitment and management update efforts as part of its work to develop a competitive hiring/retention program and to provide ongoing assessments of staff utilization. Activities reported by the section for 1990 included the following:

- Accomplished major salary revision for the public health nursing series.
- Completed evaluation research on staffing model for nursing clinic services. Validation studies on the model are still in progress. A computer template was developed with accompanying instruction manual for the model.
- Coordinated approximately 15 agreements for student experience at local county health department facilities with schools of nursing statewide.
- Reviewed approximately 300 nursing applications for accuracy and processed them to Personnel.
- Recorded total nurses employed as of September 30, 1990:
  Areas I-VI: 659
  State level: 64
  Grand total: 723
- Recorded personnel changes as follows: 220 new hires; 48 resignations; 2 retirements; 97 promotions; and 43 total unfilled positions statewide (5%)--*This is a record low on vacancy for the Southeast and the United States.*
- Recorded the following educational levels of staff:
  Master's degrees: 23 (includes 3 nurse practitioners)
  Bachelor of science degrees: 152 (includes 4 nurse practitioners)
  Associate's degrees: 297
  Diploma: 218
  Nurse Practitioner: 40 (3 have master's)

Educational programs cover topics from cholesterol to legal issues

The Public Health Nursing Section works to ensure ongoing educational opportunities for public health nurses in an effort to increase their knowledge base, thereby facilitating more effective involvement by the nurse in the clinical area as well as in the home, school, or other public health setting. In 1990 the section conducted the following staff development activities:

- Cholesterol Program presented 12 times in different locations throughout the state to public health nurses.
- Annual Anne M. Smith Seminar held in May with the Community Health Nursing Section AIPHA for PHNs.
- "Legal Issues in Public Health Nursing" presented six times in different locations throughout the state to PHNs.
- PHN State Orientation Program held for state, area, and local PHNs, with an attendance of approximately 30 nurses.
- Unified Medical Records (UMR) training conducted with Office of Management Services and Training Branch for PHNs and clerks.
- Annual Supervisors' Workshop held for county PHN supervisors and central office and area nurses.
- Draft of County Public Health Nurse Orientation and Planning Pilot completed for January 1991.

Occupational health project achieves exemplary success

To facilitate industrial development in a rural area of Russell County, the Alabama Department of Public Health initiated a model occupational health project. Managed by the Public Health Nursing Section from 1988-1990, the onsite facility provided comprehensive occupational health services for construction workers involved in the multi-million dollar expansion of Mead Coated Board, Inc., in Mahrt, Alabama.

The first such program ever implemented by a state health department, the project proved an exemplary success.

Mead site management reported that the program resulted in a substantial percentage reduction in work-related injuries. In addition company officials felt that the health clinic was a drawing card that helped Mead attract construction workers.

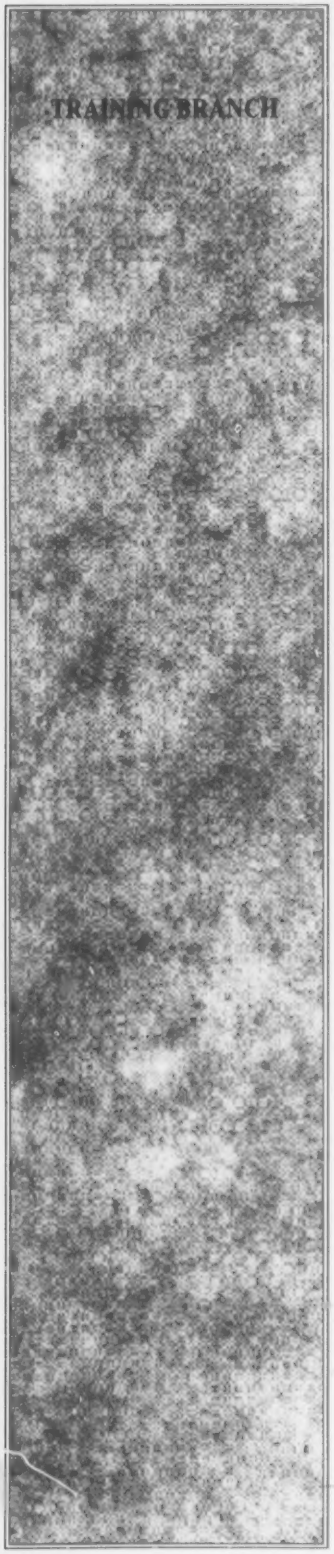
Other projects include worksite wellness programs, industry survey to identify health services needs

The Occupational Health Program expanded during 1990 to provide health services to businesses to improve productivity and loss control. This expansion included:

- Developing a pilot project at a textile mill in northern Alabama to develop and provide worksite wellness programs for workers and industry in Alabama.
- Conducting a survey to identify the needs and interests of Alabama industry for occupational health services.
- Developing a brochure to advertise the occupational health services available through the health department. The Alabama Development Office will use the brochure as part of its work to recruit industry to the state.

Occupational Health Program

During the two years of operation of the Mead Occupational Health Project, the health department recorded over 10,000 pre-employment physical exams and approximately 14,000 patient visits. Project data indicated an estimated savings of $2.3 million in workmen's compensation claims.



Comprehensive program provides training for success

The training needs of the health department are constantly expanding. The Training Branch assists work units in addressing those needs expeditiously and serves as a standard bearer and clearinghouse for department training programs statewide to assure high-quality, cost-effective educational programs.

In addition to providing program development assistance, the branch also publishes the *Pathfinder*, a bi-weekly newsletter that informs public health employees statewide of job and training opportunities within the state personnel system and throughout Alabama and the country. It also provides a forum for exchange of ideas and information on improving employer and employee performance.

Job skills packages provide cost-efficient, uniform "how-to's"

In 1990 the Training Branch continued to assist work units with the development of Job Skills Packages which detail "how-to" steps in accomplishing basic job tasks. Consisting of a technical manual, practical exercises, a test, and usually a videotape, these packages offer a uniform method of instruction that facilitates learning and eliminates patchwork training. During the year Job Skills Packages were developed for use among clerical, laboratory, environmental, nursing, and administrative services staff.

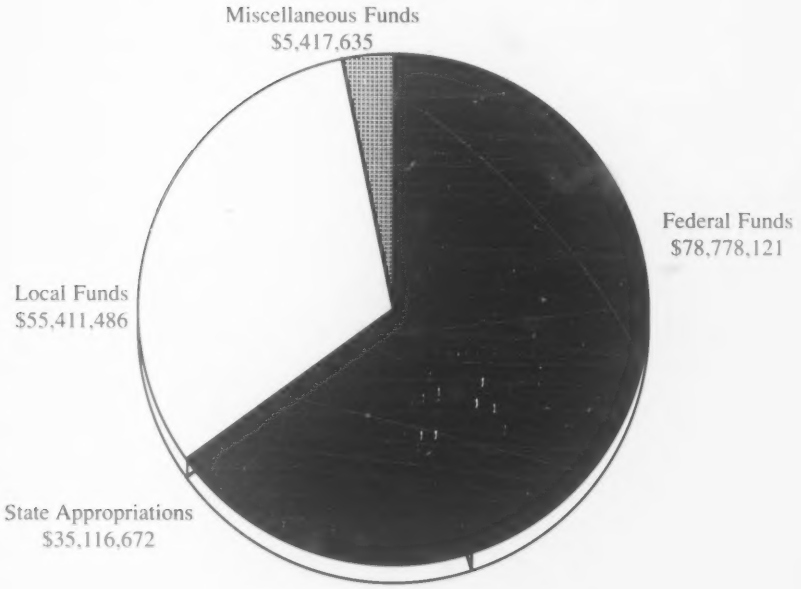
Clerical orientation manuals enhance employee performance

The office's involvement in the planning, development, and implementation of the Clerical Orientation Manual Series has proven most beneficial, providing an excellent example of the value of organized training. These manuals identify tasks and detail how to perform the common clerical jobs performed at the county level to ensure the utmost accuracy and efficiency. Excellent testing, documentation, and field review tools are included in this skills development package.

When used properly and integrated with "hands-on" training, the materials provide a new clerical employee with all the information needed for successful probationary performance. They also serve as refresher and cross-training tools for current employees.

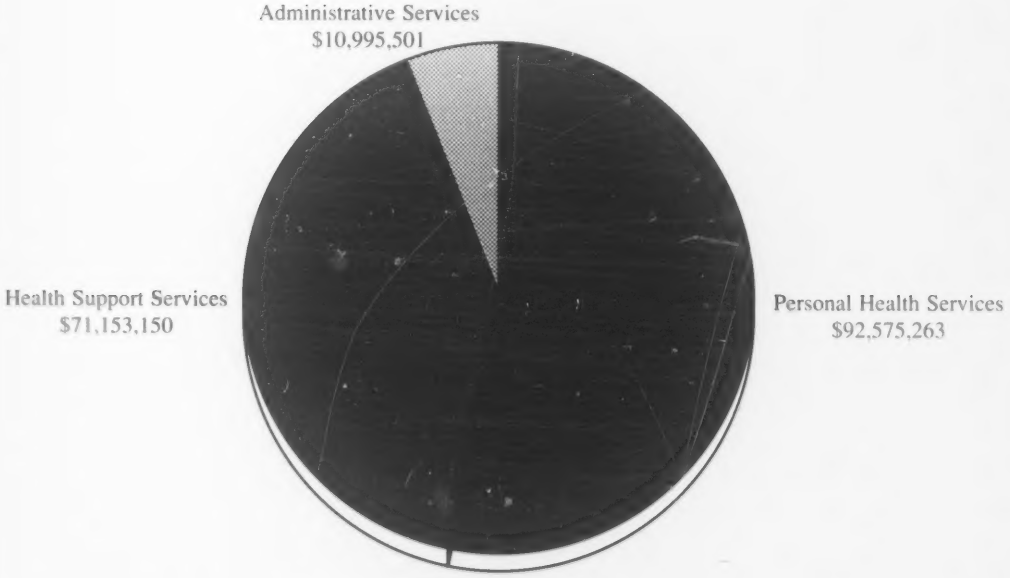
Alabama Department of Public Health
Finance Summary
Fiscal Year 1990

Source of Funds



Total Funds: $174,723,914

Expenditure of Funds



Total Expenditures: $174,723,914

The Alabama Department of Public Health provides a wide range of services to the public, other agencies, businesses, and various professionals in the areas listed below. Services offered vary by county health department, and some services are provided through the area and state levels.

Health Care Services

AIDS/HIV
Breast and cervical cancer detection
Child health
Dental health
Diabetes
Family planning
Home health and rehabilitation services
Hypertension
Immunizations
Laboratory
Maternity
Nutrition/WIC
Sexually transmitted diseases
Social work services
Tuberculosis

Health Standards Protection

Emergency medical services (EMS) by ambulance providers
Evaluations of proposed cemeteries
Food, seafood, and milk quality
Health care facilities
Indoor air quality
Insect and animal nuisances that can transmit disease to humans
Onsite sewage disposal systems
Public lodging
Radioactive materials and X-ray equipment
Solid waste
Water quality concerning bacterial contamination and residential wells

Health Research, Information, Education, and Promotion

Birth and death certificates
Community fluoridation programs
Disease outbreak investigations
Health information and education
Health research and data collection/analysis
Minority health care development
Occupational health programs
Public health nursing services
Rural health care development

ALABAMA DEPARTMENT OF PUBLIC HEALTH
MAILING AND STREET ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS AND ADMINISTRATORS
March 11, 1991

COUNTY/ DISTRICT	NAME	TITLE	MAILING ADDRESS	TEL. NO.	STREET ADDRESS
PHA #1	Betty W. Vaughan, M.D.	ASHO	Box 1628, Decatur 35602-1628	353-7021	510 Cherry Street, N.E., 35601-1970
N WEST AL REGIONAL HD			Box 929, Tuscumbia 35674-0929	383-1231	1000 Jackson Hwy., Sheffield 35660-5761
Colbert	Karen Landers, M.D.	DHO	Box 929, Tuscumbia 35674-0929	383-1231	1000 Jackson Hwy., Sheffield 35660-5761
Franklin	Karen Landers, M.D.	DHO	Box 100, Russellville 35653-0100	332-2700	300 East Limestone Street, 35653-2448
Lauderdale	Karen Landers, M.D.	DHO	Box 1036, Florence 35631-1036	764-7453	200 West Tennessee Street, 35630-5420
TRI-COUNTY DH SERVICES			Box 1628, Decatur 35602-1628	353-7021	510 Cherry Street, N.E., 35601-1970
Cullman	Ron Grantland	HSA	Box 1678, Cullman 35056-1678	734-1030	500 Logan Avenue, S.W., 35055-4537
Lawrence	Betty W. Vaughan, M.D.	DHO	Box 308, Moulton 35650-0308	974-1141	203 East Street, N., 35650-1292
Limestone	Betty W. Vaughan, M.D.	DHO	Box 889, Athens 35611-0889	232-3200	310 West Elm Street, 35611-1606
Morgan	Betty W. Vaughan, M.D.	DHO	Box 1628, Decatur 35602-1628	353-7021	510 Cherry Street, N.E., 35601-1970
Jackson	Lyle Haas	HSA	Box 398, Scottsboro 35768-0398	259-4161	609 South Broad Street, 35768-3756
Madison	Lawrence L. Robey, M.D.	LHO	Box 425, Huntsville 35804-0425	539-3711	304 Eustis Avenue, 35801-3118
Marion	Ron Grantland	HSA	Box 158, Hamilton 35570-0158	921-3118	1501 Military Street, S., 35570
Marshall	Lyle Haas	HSA	Box 991, Guntersville 35976-0991	582-3174	275 Gunter Avenue, 35976-1111
Winston	Ron Grantland	HSA	Box 57, Double Springs 35553-0057	489-2101	Highway 195 South, 35553
PHA #2	VACANT	ASHO	Box 030009, Tuscaloosa 35403	345-4131	1101 Jackson Avenue, 35401-3299
WEST AL DH DEPT.			Box 030009, Tuscaloosa 35403	345-4131	1101 Jackson Avenue, 35401-3299
Bibb	William W. Denton	HSA	105 Church St., Centreville 35042-1207	926-9702	105 Church Street, 35042-1207
Greene	William W. Denton	HSA	Box 269, Eutaw 35462-0269	372-9361	412 Morrow Avenue, 35462-1109
Lamar	William W. Denton	HSA	Box 548, Vernon 35592-0548	695-9195	207 Columbus Avenue, W., 35592
Pickens	William W. Denton	HSA	Box 192, Carrollton 35447-9599	367-8157	Hospital Drive, 35447
Tuscaloosa	William W. Denton	HSA	Box 030009, Tuscaloosa 35403	345-4131	1101 Jackson Avenue, 35401-3299
Fayette	William W. Denton	HSA	Box 351, Fayette 35555-0351	932-5260	211 First Street, N.W., 35555-2550
PHA #3	Melinda G. Rowe, M.D.	ASHO	Box 1059, Pelham 35124-1059	987-9259	1738 Morgan Park Drive, 35124-1121
Blount	Frank Banks	HSA	Box 96, Oneonta 35121-0096	274-2120	1004 Second Avenue, East, 35121-2508
Chilton	Bobby H. Bryan	HSA	Box 1778, Clanton 35045-1778	755-1287	101 Fifth Street, North, 35045-3442
St. Clair	Bobby H. Bryan	HSA	Box 627, Pell City 35125-0627	338-3357	205 19th Street, North, 35125-1641
Shelby	Bobby H. Bryan	HSA	Box 976, Columbiana 35051-0976	669-3920	110 Mildred Street, 35051-9331
Walker	Frank Banks	HSA	Box 3207, Jasper 35502-3207	221-9775	705 20th Avenue E., 35502-3207
PHA #4	VACANT	ASHO			
	Tommy Nielsen	HSA	Box 488, Anniston 36202-0488	236-3274	309 East Eighth Street, 36201-5731
Calhoun	Tommy Nielsen	HSA	Box 488, Anniston 36202-0488	237-7523	309 East Eighth Street, 36201-5731
Chambers	Ellene Mitchell	HSA	Box 319, LaFayette 36862-0319	864-8834	18 Alabama Avenue, East, 36862-1745
Cherokee	Jim C. Russell	HSA	Box 176, Centre 35960-0176	927-3132	833 Cedar Bluff Road, 35960-1005
Clay	Ellene Mitchell	HSA	Box 325, Ashland 36251-0325	354-2181	208 North Second E Street, 36251
Cleburne	Jim Russell	HSA	Box 36, Heflin 36264-0036	463-2296	Brockford Road, 36264-1605
Coosa	Jean Foster	HSA	Box 235, Rockford 35136-0235	377-4364	Jackson Street, 35136
DeKalb	Jim C. Russell	HSA	Box 347, Fort Payne 35967-0347	845-1931	500 Grand Avenue, South, 35967-1716
Etowah	Jean Foster	HSA	Box 555, Gadsden 35902-0555	547-6311	109 South 8th Street, 35901-2454
Randolph	Ellene Mitchell	HSA	527 Price St., Roanoke 36274-2196	863-8981	527 Price Street, 36274-2196
Talladega	Jean Foster	HSA	Box 1012, Talladega 35160-1012	362-2593	501 West South Street, 35160-2449
Tallapoosa	Ellene Mitchell	HSA	Box 125, Dadeville 36853-0125	825-9203	202 LaFayette Street, W., 36853-1327
PHA #5	Thomas Miller, M.D.	ASHO	434 Monroe St., Montgomery 36130-1701	242-5133	88 W. Southern Boulevard, 36105-3144
Autauga	Bobby H. Bryan	HSA	Box G, Prattville 36067-0200	361-3743	153 West Fourth Street, 36067-3011
Barbour	Russell Killingsworth	HSA	Box 238, Eufaula 36027-0238	687-4808	133 North Orange Street, 36027-1619
Bullock	Louis Thorpe	HSA	Drawer 430, Union Springs 36089-0430	738-3030	103 Conecuh Avenue, W., 36089-1317
Butler	Ziba Anderson	HSA	Box 339, Greenville 36037-0339	382-3154	201 South Conecuh Street, 36037-2713
Coffee	Kenneth Ball	HSA	Box 1316, Enterprise 36331-1316	347-9574	Intersection of 167 N. & Co. Rd. 48, Enterprise 36331-2554
Covington	Ziba Anderson	HSA	Box 186, Andalusia 36420-0186	222-1175	300 West Watson, 36420-4533
Crenshaw	Ron Wheeler	HSA	Box 326, Luverne 36049-0326	335-6568	206 Fourth Street, E., 36049-1560
Dale	Charles Oliver	HSA	Box 1207, Ozark 36361-1207	774-5146	200 Katherine Avenue, 36360
Elmore	Bobby H. Bryan	HSA	Box 316, Wetumpka 36092-0316	567-1171	Highway 231 North, 36092
Geneva	Kenneth Ball	HSA	Box 386, Geneva 36340-0386	684-2257	606 South Academy Street, 36340-2527
Henry	Russell Killingsworth	HSA	Box 86, Abbeville 36310-0086	585-2660	505 Kirkland Street, 36310-2736
Houston	Marilyn E. Crumpton, M.D.	LHO	Drawer 2087, Dothan 36302-2087	793-1911	2101 Cottonwood Road, East, 36301-5309
Lee	Russell Killingsworth	HSA	Box 2207, Opelika 36803-2207	745-5765	1930 Pepperell Parkway, 36802-1301
Lowndes	Ziba Anderson	HSA	Box 35, Hayneville 36040-0035	548-2564	Highway 21, Tuskeena Street, 36040-0035
Macon	Walter Pack	HSA	Drawer 180, Tuskegee 36083-0180	727-1800	608 North Dibble Street, 36083-1509
Montgomery	Fletcher Bancroft	HSA	515 W. Jeff Davis Ave., Montgomery 36104-4807	263-6671	515 West Jeff Davis Avenue, 36104-4807
Pike	Kenneth Ball	HSA	Box 425, Troy 36081-0425	566-2860	306 South Three Notch St., 36081-1910
Russell	Walter Pack	HSA	Box 548, Phenix City 36868-0548	297-0251	1320 Broad Street, 36868-0548
PHA #6-N	VACANT	ASHO			
	Joe Knight	HSA	Box 480280-0280, Linden, 36748-0280	295-1000	100 Cahaba 36748-1541
Choctaw	Thomas C. Stuart	HSA	Box 629, Butler 36904-0629	459-2494	315 East Pushmataha Street, 36904-2533
Dallas	Dean Fields	HSA	Box K, Selma 36702-0330	874-2550	108 Church Street, 36702-0330
Hale	Thomas C. Stuart	HSA	Box 87, Greensboro 36744-0087	624-3018	1102 North Centerville St., 36744-1303
Marengo	Joe Knight	HSA	Box 480877, Linden 36748-0877	295-4205	209 North Main Street, 36748-1541
Perry	Thomas C. Stuart	HSA	Box 119, Marion 36756-0119	683-6153	206 Pickens Street, 36756-1818
Sumter	Thomas C. Stuart	HSA	Drawer 340, Livingston 35470-0340	652-7972	318 Washington Street, 35470
Wilcox	Dean Fields	HSA	Box 547, Camden 36726-0547	682-4515	107 Union Street, 36726-1728

(Continued on Back)

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COUNTY/ DISTRICT	NAME	TITLE	MAILING ADDRESS	TEL. NO.	STREET ADDRESS
PHA #6-S	VACANT	ASHO			
	Ruth Underwood	HSA	879, Spanish Fort 36527-0879	621-9101	# 1 Spanish Fort Blvd., 36527
Baldwin	Charles Watterson	HSA	Box 538, Fairhope 36533-0538	928-5504	72 Fairhope Avenue, 36532-3421
Clarke	Ruth Underwood	HSA	Box 477, Grove Hill 36451-0477	275-3772	140 Clark Street, 36451
Conecuh	Charles Watterson	HSA	Box 110, Evergreen 36401-0110	578-1952	526 Bellville Street, 36401-3005
Escambia	Charles Watterson	HSA	Box 66, Brewton 36427-0066	867-5765	204 Sowell Street, 36426-2034
Monroe	Ruth Underwood	HSA	Box 609, Monroeville 36461-0609	575-3109	301 West Claiborne, 36460-1720
Washington	Ruth Underwood	HSA	Box 417, Chatom 36518-0417	847-2245	Court Street & Granade Avenue, 36518
PHA #7	Bernard H. Eichold, II, M.D.	ASHO	Box 2867, Mobile 36652-2867	690-8158	251 North Bayou Street, 36603-5827
Mobile	Bernard H. Eichold, II, M.D.	LHO	Box 2867, Mobile 36652-2867	(ATTNet 660-6179)	251 North Bayou Street, 36603-5827
PHA #8	Carole W. Samuelson, M.D.	ASHO	Box 2648, Birmingham 35202-2648	933-9110	1400 Sixth Avenue, South, 35233-1598
Jefferson	Carole W. Samuelson, M.D.	LHO	Box 2648, Birmingham 35202-2648	933-9110	1400 Sixth Avenue, South, 35233-1598

BRANCH OFFICES

Baldwin		Box 1089, Foley 36535-1089	943-2342	104 W. Wilson Blvd., Foley 36535
		Box 160, Bay Minette 36507-0160	937-0217	257 Hand Avenue, 36507-4823
Barbour		Box 217, Clayton 36016-0217	775-8324	North Midway Street, 36016
Chambers		3205 22nd Ave., Valley 36854-3020	768-2196	3205 22nd Avenue, 36854-3020
Escambia		Box 1390, Atmore 36504-1390	368-9188	Highway 31, North, 36502-9108
Henry		Box 175, Headland 36345-0175	693-2220	2 Cable Street, 36345-2136
Jefferson	Bessemer Health Center	2201 Arlington Avenue, Bessemer 35020-4299	424-6001	
	Eastern Health Center	5720 1st Ave., South, Birmingham 35212-2599	591-5180	
	Leeds Health Center	210 Park Drive, Leeds 35094-1846	699-2442	
	Morris Health Center	Box 272, Morris 35116-0272	647-0572	586 Morris Majestic Road, 35116-1246
	Northern Health Center	2817 30th Ave., North Birmingham 35207-4599	323-4548	
	Western Health Center	1700 Avenue E, Ensley, Birmingham 35218-1543	788-3321	
	Western Mental Health Center	1701 Avenue D, Ensley; Birmingham 35218-1532	788-7770	
Madison	Cavalry Hill Clinic	2900 Fairbanks, Huntsville 35816-2437	539-4194	
		WIC Building; Box 252, Huntsville 35804-0252	534-1651	Market Square Mall, 35804
	Triana Clinic	Box 425, Huntsville 35804-0425	539-3711	304 Eustis Avenue, 35801-3118
Marshall	Albertville Health Center	500 Coliseum Drive, Albertville 35950-2462	878-4044	
Montgomery	Primary Care Center	88 W. So. Blvd., Montgomery 36105-3144	281-8008	
Montgomery	Maternity Clinic	2119 E. So. Blvd., Suite 322, Montgomery 36111-2401	286-0907	
Shelby		Box 846, Pelham 35124-0846	664-2470	3160 Highway 31, 35124-2022
Talladega		Box 2430, Sylacauga 35150-2430	249-3807	109 S. Anniston Ave., 35150/2962
		803 Third St., S.W., Childersburg 35044-1609	378-6190	
Tallapoosa		124 Airport Circle, Alexander City 35010-9805	329-0531	
Winston		Box 57, Double Springs 35553-0057	489-2101	
	Haleyville Office	Box 1047, Haleyville 35565-1047	486-2479	2600 Newburg Road, 35565-1835

SATELLITE OFFICES

Coosa	Goodwater (Open Wed. & Thurs.)	Box 361, Goodwater 35072-0361	839-6727	Main Street, Hwy. 9 35702
Covington	Opp (Open Tuesdays)	Box 186, Andalusia 36420-0186	493-4411	108 N. Main St., 36467-2006
Marion	Winfield (Open Thursdays)	Box 158, Hamilton 35570-0158	487-3688	7th Street, E., 35594
Perry	Uniontown (Open Tues. & Thurs.)	Box 119, Marion 36756-0119	628-6226	216 Pinston Street, 36756
Randolph	Wedowee (Open Tuesday Afternoons & Wednesdays)	527 Price Street, Roanoke 36274-2196	357-4764	527 Price Street, 36274-2196
St. Clair	Ashville (Open Friday)	Box 249, Ashville 35953-0249	594-7944	411 North Gadsden Highway, 35953

AREA OFFICE FAX NUMBERS

Area 1 353-7901	Area 2 349-5875	Area 3 987-3353	Area 4 237-7974
Area 5 284-5308	Area 6N 295-0006	Area 7 432-7443	Area 8 930-0243

ASHO—Assistant State Health Officer, DHO—District Health Officer, LHO—Local Health Officer, HSA—Health Services Administrator

Please notify The Office of Management Services of changes or errors, 434 Monroe Street, Room 307, Montgomery, Alabama 36130-1701, telephone 242-5081.

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Revised 3-91

Alabama is divided into public health areas to facilitate development, coordination, and supervision of public health services. Area offices are responsible for developing local management programs particularly suited to the needs of each area.